

# Hoosiers Debate Healthcare: An Experience in Immersive Learning

An Honors Thesis (HONRS 499)

By

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A handwritten signature in black ink, reading "Dan Reagan", is written over a horizontal line.

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## Abstract

With the 2008 Presidential elections right around the corner, the American healthcare system has become a hot topic on everyone's lips. According to the World Health Organization, the United States ranks thirty-seventh in the world for healthcare in terms of overall quality and fairness. However, the United States has the most innovative research, the best-equipped hospitals, and the best medical education in the world. In the spring 2008 I, along with thirteen other students at the *Virginia B. Ball Center for Creative Inquiry*, set out to discover what Hoosiers think about the current state of healthcare in our nation.

Throughout the semester I have researched the state of healthcare around the world, helped design, execute, and analyze a poll on healthcare for Delaware County residents, planned an assembly in which experts on healthcare spoke and participants from the poll attended, and aided telecommunication students in making a documentary on healthcare. Included in my thesis is an analysis on my experience at the *Virginia Ball Center*, the results of the poll, a copy of the documentary and meta film, as well as other documents I have created over the semester.

## Acknowledgements

I would like to thank Dr. Dan Reagan for advising me through this project and the entire semester at the *Virginia Ball Center*. My experience at the *Virginia Ball Center* would not have been nearly as great as it was without him, and I am grateful for the many opportunities he gave me to shine.

I would also like to thank my fellow colleagues in the seminar: Michael Ballenger, Michelle Sahlhoff, Derek Sheridan, Jordan Riker, Alex Beeman, Zach Rubel, James Raymond, Rob Kranc, Josh Cox, Laura Donaldson, Kristen Cameron, Eric Butler, and Samantha Sallee. In three short months we created a project that would normally take a year or more to complete, and, while everything did not go as smoothly as expected, we did a pretty great job. I have learned something from each and every one of you, and I could not think of a better group of students to have worked with. Thanks for putting up with me and my copious amount of love for Barack Obama!

I have spent my fair share of time in Bracken Library doing research until 2 a.m. on subjects ranging from Indiana state laws to the ethnic conflicts occurring around the globe. As a political science major, I find these and other topics very fascinating, but turning in a research paper that most likely only your professor will see is not very satisfying. Unfortunately, there are not many chances to share your work outside of the political science department. That is, until I heard about Dr. Dan Reagan's seminar at the *Virginia B. Ball Center for Creative inquiry*.

The *Virginia Ball Center* was created to allow students to “explore the connections among the arts, humanities, science and technology; create a product to illustrate their collaborative research and interdisciplinary study; and present their product to the community in a public forum.”<sup>1</sup> It is a unique program that allows students to take what they have learned in the classroom and apply it in the real world. It also provides students the chance to work in different subject areas that they may have otherwise never experienced. When I found out that Dan was running a seminar on healthcare I knew it was the exact opportunity I had been looking for to showcase my knowledge.

Hoosiers Debate Healthcare was a three-part project that explored the state of healthcare in Indiana and throughout the United States. Our seminar was comprised of fourteen students, and our first task was to create a poll on healthcare and then administer that survey by calling residents of Delaware County. We asked those who completed a poll to attend an assembly in which four experts on healthcare would speak, and the participants would get a chance to voice their opinion on healthcare. Encompassing our entire semester would be a documentary on healthcare. I did not really have a strong interest in healthcare, nor did I know a thing about making a documentary, but I was ready for the challenge to complete such a great project.

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<sup>1</sup> [http://bsu.edu/vbc/what\\_is.htm](http://bsu.edu/vbc/what_is.htm)



One of the most unique aspects of the Virginia Ball experience is that you get to work with the same students and professors day in and day out. Not only that, but you have the chance to work with students who are from completely different disciplines from your own. From day one I knew our group was in for a challenge. After all, we all came from different backgrounds, had different opinions, and were used to taking charge and running the entire show when it came to group projects. If we were going to come out of the semester alive and proud of the work we had done, we were going to all have to learn to let go and trust others. We were going to have patience and teach one another as well. This was going to be an experience new and foreign to us all: the question was, were we up to the challenge?

In group settings, I am typically the person who sits back and listens to everyone's ideas, but then I generally manage to find a way to take charge of things. My grades and the quality of the work of my projects have always been very important to me, and I typically do not trust others to create a product that meets my standards. I knew that I would have to learn to let go a little during the seminar, and I was not sure I would be capable of doing so. However, less than a month into the semester I began to realize that these people cared as much about this project as I did. As we got to know one another, I think we realized that we were going to have to loosen the ropes and depend on one another to get things accomplished. If we could not learn to do so, our project would never get done on time.

One of the great advantages of being with the same people everyday for sometimes more than eight hours is that you have more than enough time to build that sense of trust required for such an enormous project. In a typical class project you spend about three hours a week with the people in your group, maybe a few more if you are lucky enough to get paired with a friend. Other than that, you do not really know the people in your group so it makes sense that a true sense of trust is never fostered. Not only is it nice to work

with the same group of people, but it allows you to experience what life in a real job will be like because chances are you will be working with the same group of people to complete a large project or task.

While we participated in a lot of group work, we spent the first few weeks doing intense, independent research to share with the class and to become more knowledgeable on the state of healthcare. I spent most of my time researching the uninsured as well as the 2008 presidential candidates and their stance on healthcare. To find out that there are forty seven million uninsured in the United States was shocking, especially considering that we spend more per capita on healthcare than any other nation in the world. What I also found interesting was that every single presidential candidate, no matter their political party, agrees that the United States healthcare system is broken and something needs to be done to fix it. They only differ in how they think it should be fixed. The research that I compiled was later used to help form our documentary and aid in creating the Healthcare Brief, a packet used for our assembly participants.

After our initial research was done, our group prepared to create a poll on healthcare. After creating our poll with the help of Dr. Donald Davison from Rollins College in Orlando, Florida, and Josh Raines who works at the Social Science Research Center at Ball State, we had to receive approval and complete training from the Institutional Review Board (IRB). The IRB approves monitors, and reviews all research involving human subjects and is meant to protect their rights and welfare. To ensure our poll was done completely at random, we purchased 1800 telephone numbers all in Delaware County. We needed to have around 600 completed surveys in order to come out with data that is statistically significant and publishable. After a week and half of spending long days and nights calling, we had gone through all 1800 numbers more than once, and were barely half way to our goal of 600 completed surveys. As one of the supervisors for the poll, it was very disappointing and disheartening. It is

not easy to call people for hours on end and say the same thing again and again, and the more people that hang up on you or yell at you, the harder it gets.

When we ran out of numbers we made a decision as a group to take a few days off and purchase a brand new batch of numbers. We were sent 922 new numbers, and after several days rest we were ready to go again. Five days later we had completed 552 surveys, and had data that was statistically significant. The respondents of our survey were generally older, wealthier, and better educated than the general population of Delaware County; however, based off of research on polling, this is quite typical of all polls. We discovered that people have the most faith in the national government, they believe that the costs of insurance is the biggest problem with our healthcare system, and that a majority of people would be willing to pay more if everyone was able to have health insurance in the United States.

One of the most interesting parts of polling was the people I got a chance to talk to or, in some cases, the people I did not get to talk to. One answering machine message of a number I called had a family singing a cappella in three-part harmony. Another voicemail message was an old woman telling the world that if she did not call them back soon it was most likely because she was in the hospital dying. I think she was serious, too. Then there were the people who did answer the phone. Some of them wanted to just chat your ear off. That could get especially hard when you could tell they wanted to hear your opinion too, which was not allowed otherwise you could sway their opinion. There was also the fact that it was almost guaranteed every time you asked someone the question, "Which do you have most faith in: the national government, the state government, or the local government", that they would laugh for a good thirty seconds before begrudgingly answering the question.

The hardest part of polling, hands down, was when we had to start asking only for males to complete the survey. It is very typical that more women than men will complete surveys, but if you have a sixty/forty female/male ratio for completed polls, your data will still be significant. By the time we had to start asking for only men, we were already on our second set of purchased phone numbers and we were trying our hardest not to become completely discouraged. I remember one house I called in which the wife got her husband to take the survey, but I could hear her in the background the entire time trying to tell him how to answer the questions! Luckily we evened out the ratio, but just barely.

Completing the poll was only step one of our seminar though, and it was only the beginning of all the work we had ahead of us. While giving the survey, we asked those who completed it to attend an assembly that would be held in mid-March. It would help us to complete a process known as deliberative democracy. Deliberative democracy gets citizens involved in discussing hot button issues in hopes of making them better informed. After completing an initial poll, they attend an assembly in which they have an opportunity to hear experts speak on the topic and then they are given a chance to ask questions and debate amongst themselves. Once the assembly is over, they take the same poll over again and one can analyze whether their answers changed and they became more informed. The goal is to make citizens more aware and get them more involved in the democratic process. During our assembly we featured four speakers from different areas of healthcare and then we divided the participants up into small discussion groups to debate and determine the major problems with the United States healthcare system and solutions they thought would best solve these problems. To help the participants prior to the assembly, we mailed out the Healthcare Brief, which is a non-partisan information packet I helped to create with my colleagues.

As an integral part of the assembly team, I got the chance to partake in major event planning, something I had hardly dabbled in before and something far more difficult and intricate than I could have possibly imagined. When we initially started our project we had thought that not only would our film crew be taping the assembly, but that WIPB, the Muncie PBS affiliate, would be filming the event as well. When we started exploring dates and venues, not only did we have to consider how much time the telecommunications crew would need to edit the film, but we had to take into consideration when the WIPB crew was available as well. We decided that based upon the dates we were polling people that March would be the best month to hold the assembly; however, WIPB was filming a show on March Madness, which narrowed down our dates to barely nothing. After looking at multiple venues more than once to ensure we would have plenty of space for the day's events and that the film crews would be able to film, we finally nailed down several dates and chose Minnetrista Cultural Center for our location and March sixteenth for the date. Then we found out WIPB would no longer be filming. I could not believe how difficult just picking a date and venue was, and we had only just begun.

I spent the next month finding caterers, determining the kind of meal we would serve, creating invitation letters, helping with the Healthcare Brief, setting up small group facilitator training, searching for speakers, designing center pieces, creating floor plans, and planning the day of the assembly down to the very last second. To help aid the assembly team in planning the event, WIPB had graciously given us their timeline to a similar event they had planned last year. They took six months to plan their event. We had less than two months to plan ours.

The most nerve-wracking part of the planning the assembly was the fact that we had no control over the amount of people who showed up. Similar to the initial survey, we needed a certain number of people to show up for our data to be statistically significant. As we planned for our event we called other

organizations, including WIPB, to ask what percentage of participants they had show up at their event and we received answers as high as eighty percent and as low as twenty percent. We were hoping for at least forty people, and a week before the assembly, which just so happened to be the week before spring break, we had a total of thirteen people who had R.S.V.Ped. As my flight took off for Florida, I had to fight the urge to run up to the cockpit and bang on the door to beg the pilot to turn around so I could hunt down people to attend the assembly.

When the day of the assembly arrived I was on edge the whole time. However, minute-by-minute things were going just as planned. Even if things took an unexpected turn, however, our team had about a hundred contingency plans in place in case of a disaster. Registration for the event began at 12:30 p.m. and by the time the last few people had trickled in; we had thirty-seven participants in total. The speakers, which were comprised of State Senator Sue Errington, Karen Lehmen of Eli Lilly, local doctor physician Bachar al Khatib, and Mark Day who formally worked for a big insurance agency and currently heads a small company involved in the creation of electronic medical records, were absolutely brilliant. The participants were equally amazing, and began discussing healthcare before they were even prompted. When it was all said and done I could not believe I had helped pulled off an event that went off with barely a hitch. I have never been so proud of myself, nor have I ever been so proud to work with a group of people as I was in that moment.

While the poll and the assembly were a huge part of our project, the documentary was also an important part of our seminar. Until this semester I knew absolutely nothing about filming and telecommunications. I had no clue how many hours of film it took just to get a few good sound bites that could actually be used, nor did I know how hard it was to come up with an idea for a documentary and refine that idea in a short three months. The first few

weeks of the semester a line was drawn in our group: the TCOM nerds vs. the Poli Sci kids. I knew it was going to create some interesting chemistry.

I had the privilege of accompanying the telecommunications crew on many of their interviews. They are a tireless bunch. I remember the first time I went on a shoot with them. It was the first time they had traveled outside of Muncie to do an interview. The conditions were less than ideal and as they began to set up, they realized they had left behind a bag of lights and extra batteries for the camera. Had that been me, I would have been freaking out and trying not to have a panic attack in public. Not these kids. They remained calm through it all, and it was in that moment I knew I could learn a lot from this group of people.

As the semester went on and more interviews were filmed and tape was rendered and edited, our documentary began to take a completely different shape than we had once imagined. We had decided as a class from day one that we wanted our documentary to not take a stance on one view. We wanted it to be informative and show all sides of the story and allow the viewers to take that information and hopefully form their own educated opinion. The first time we watched the film as a class, we all realized something was not working. The assembly made no sense in the storyline and messed up the flow. Parts of interviews that really let the subjects' personalities shine had nothing to do with healthcare. It was as if we had hit a brick wall and we had no idea how to get past it.

As the telecommunications team struggled to perfect the film in a short amount of time, the assembly team had morphed into the showcase team. It was now my job to plan the event in which we would present our work to our parents, professors, school administrators, and friends. This time around in my event planning career, I got to be creative. I also was finally figuring out just how interdisciplinary work at the Virginia Ball Center could be. My creative side tends to lean towards acting and singing, but I had the chance to learn about

design when it came to the showcase. We needed to create invitations and programs, and it was important that we had a fluid design in which people would begin to associate the name of the documentary with an image. I had to admit, I'm not the best when it comes to computers and graphic design, but the invitations and program turned out beautifully, and I was so proud to have helped created them.

Not only did we want to premier our documentary at the showcase, but we also wanted to display the results of our poll and all the hard research we had completed throughout the course of the semester. As part of the showcase team, I had to help determine the best way to display the work and how to make sure every one had a chance to shine. We also had to make sure we were prepared to answer any questions about healthcare and our experiences at the Virginia Ball Center. This required us to brainstorm as a team what we thought an audience comprised of all different types of people with varying levels of interest in healthcare may ask, and then dividing them up so we could thoroughly research each answer. It was so much fun to plan this event because it was the first time we would be able to show off what we had been slaving away on all semester.

Less than two weeks before our showcase, the documentary came together. We decided to call our film "37" because the World Health Organization ranks the United States thirty-seventh overall in healthcare. This number was quite shocking to us all, especially considering we are the wealthiest nation in the world, with the highest cancer survival rates and the best medical technology in the world. We wanted people to realize the gravity of the state of our healthcare system, especially because we failed to find a single person who thought our healthcare system is fine just the way it is. While "37" turned out quite different from our initial vision, I think we were all proud of the final product.



This past semester has been one of the most challenging, yet rewarding experiences in my college career. Not many college students can say they had a chance to work with one professor and thirteen students for an entire semester to complete a multi-part project whose results have the potential to be published and shown at film festivals across the country, and maybe throughout the world. Many political science students also will never have the chance to say they learned about telecommunications, communication studies, and graphic design during their college career without adding those subjects as minors or even majors. At the end of our showcase Dan made a comment on how we had started out in January as fourteen students and one professor, but ended as colleagues. To be called a colleague by an accomplished professor whom I admire greatly is one of my greatest personal accomplishments, and one I never could have achieved without the *Virginia Ball Center*.

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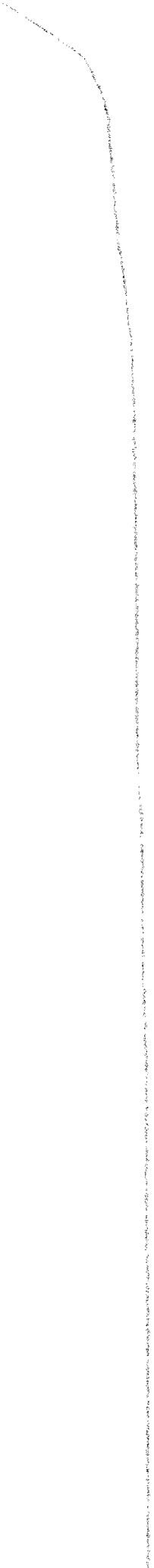
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## **The Survey**

The first project we had to complete for the semester was a survey on healthcare, which we then gave to residents of Delaware County. I have included a list of call sheets, the final version of the survey, and the data from the poll, which was compiled with the help of Dr. Donald Davison from Rollins College in Orlando, Florida.



	Try 1	Try 2	Try 3	Try 4	Try 5	Try 6	males only Try 7	Try 8	Try 9	Try 10
7652842019	BIZ	—	—	—	—	NA	BIZ			
7657894065	N/A	N/A	N/A	N/A	N/A	NA	N/A			
7652810993	N/A	N/A	N/A	N/A	N/A	NA	N/A			
7652132591	N/A	N/A	N/A	N/A	N/A	NA	N/A			
7652862508	D/C	—	—	—	—	—	—	—	—	—
7657470605	A/M	CPLT	—	—	—	—	—	—	—	—
7657592205	A/M	A/M	A/M	A/M	A/M	A/M	A/M	—	—	—
7652880098	N/A	CPLT	—	—	—	—	—	—	—	—
7657595998	N/A	NA	N/A	N/A	N/A	NA	N/A	—	—	—
7657598143	D/C	—	—	—	—	—	—	—	—	—
7652824197	N/A	CPLT	—	—	—	—	—	—	—	—
7652897850	A/M	A/M	A/M	A/M	A/M	DNP	—	—	—	—
7653583074	CPLT	—	—	—	—	—	—	—	—	—
7652810766	N/A	N/A	NA	N/A	N/A	NA	N/A	—	—	—
7657591913	C/B	—	EPLT	—	—	—	—	—	—	—
7652870803	N/A	N/A	N/A	N/A	N/A	NA	N/A	—	—	—
7652122795	H/U	—	—	—	—	—	—	—	—	—
7657599927	CPLT	—	—	—	—	—	—	—	—	—
7657595894	A/M	A/M	A/M	—	—	—	A/M	—	—	—
7652815108	N/A	N/A	N/A	DNP	—	—	—	—	—	—
7652826028	C/B	—	—	—	—	—	A/M	—	—	—
7652853672	Fax	—	—	—	—	—	—	—	—	—
7653510822	D/C	—	—	—	—	—	—	—	—	—
7657896722	N/A	C/B	A/M	N/A	A/M	—	A/M	—	—	—
7652849874	BZY	N/A	N/A	N/A	DNP	—	—	—	—	—
7652885730	C/B	A/M	—	—	—	—	A/M	—	—	—
7652878020	DNP	—	—	—	—	—	—	—	—	—
7653969631	Fax	—	—	—	—	—	—	—	—	—
7652847978	DNP	—	—	—	—	—	—	—	—	—
7657470582	A/M	A/M	A/M	CMPLY	—	—	—	—	—	—
7652132212	N/A	N/A	N/A	N/A	NA	—	N/A	—	—	—
7652887890	DNP	—	—	—	—	—	—	—	—	—
7652827932	C/B	—	—	C/B	DNP	—	—	—	—	—
7652843975	BIZ	A/M	A/M	A/M	—	—	—	—	—	—
7652845935	CPLT	—	—	—	—	—	—	—	—	—

DNP  
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Fax  
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Legend: N/A = No Answer, H/U = Hang Up, D/C = Disconnected, BIZ = Business

A/M = Answering Machine, C/B = Call Back (See front of folder)

BZY = Busy Signal, CPLT = Completed Interview

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	Try 1	Try 2	Try 3	Try 4	Try 5	Try 6	Try 7 <sup>makes only</sup>	Try 8	Try 9	Try 10
7652882069	A/M	DNP	—	—	—	—	—	—	—	—
7657470680	C/B	C/B	—	—	—	—	—	—	—	—
7652846080	N/A	N/A	N/A	N/A	N/A	N/A	N/A	—	—	—
7652865216	A/M	A/M	A/M	A/M	DNP	—	—	—	—	—
7652854277	fax	—	—	—	—	—	—	—	—	—
7657595978	CPLT	—	—	—	—	—	—	—	—	—
7652878231	N/A	N/A	N/A	N/A	N/A	N/A	N/A	—	—	—
7652897831	DNP	—	—	—	—	—	—	—	—	—
7652122952	C/B	—	—	—	—	—	—	—	—	—
7652889976	A/M	A/M	A/M	A/M	BZY	AM	A/M	—	—	—
7652140449	BZY	D/C	—	—	—	—	—	—	—	—
7657591943	A/M	A/M	A/M	A/M	Am	—	A/M	—	—	—
7652827935	N/A	<del>N/A</del> C/B	—	—	—	—	—	—	—	—
7652824027	N/A	N/A	DNP	—	—	—	—	—	—	—
7652847853	A/M	A/M	A/M	A/M	Am	—	A/M	—	—	—
7652815159	BZY	D/C	—	—	—	—	—	—	—	—
7657598061	DNP	—	—	—	—	—	—	—	—	—
7652122712	CPLT	—	—	—	—	—	—	—	—	—
7652841933	A/M	CPLT	—	—	—	—	—	—	—	—
7652826097	C/B	<del>DNP</del>	DNP	—	—	—	—	—	—	—
7652865146	BZY	C/B	—	—	—	—	—	—	—	—
7657470409	N/A	N/A	N/A	N/A	N/A	—	N/A	—	—	—
7652881891	N/A	H/U	—	—	—	—	—	—	—	—
7652893750	DNP	—	—	—	—	—	—	—	—	—
7652885894	fax	—	—	—	—	—	—	—	—	—
7652843928	DNP	—	—	—	—	—	—	—	—	—
7657595850	CPLT	—	—	—	—	—	—	—	—	—
7652883854	CPLT	—	—	—	—	—	—	—	—	—
7652862474	fax	—	—	—	—	—	—	—	—	—
7652895638	CPLT	—	—	—	—	—	—	—	—	—
7652167138	N/A	H/U	—	—	—	—	—	—	—	—
7652899671	HM	—	—	—	—	—	—	—	—	—
7652829958	C/B	—	—	—	—	—	—	—	—	—
7653510849	D/C	—	—	—	—	—	—	—	—	—
7652845961	N/A	N/A	N/A	N/A	CmplT	—	—	—	—	—

DNP  
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fax  
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/// II



# Hoosiers *debate* HEALTHCARE

## FINAL SURVEY

*Please take a moment to complete our survey. Remember that all answers are voluntary and will be kept completely confidential. Please circle or write-in your responses as necessary.*

1.) Please rank the top 2 most serious problems you think our health care system faces today by placing a "1" by the most important issue, and a "2" by the second most important issue:

- A. The cost of health insurance, ☐
- B. The number of Americans without health insurance, ☐
- C. The cost of prescription drugs, ☐
- D. The medical malpractice system, ☐
- E. The quality of health care provided to those without health insurance. ☐

2.) Which of the following groups do you feel have the most difficulty acquiring health insurance?

- A. Senior citizens (Those over the age of 65),
- B. The middle class,
- C. Those who are working with no insurance coverage offered by their employer, or
- D. Families at or below the poverty level.

3.) About how many people would you estimate have no health insurance coverage in the United States?

- A.) About 25 million,
- B.) About 47 million, or
- C.) About 60 million

*Please indicate the extent to which you agree or disagree with each of the following by circling your answer:*

4.) Politicians in Washington share my priorities for improving health care. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

5.) Increasing health insurance co-pays and deductibles will help control health care costs. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

6.) The government should be more involved in controlling the costs of health care. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

7.) I would be willing to pay more than I do now for health care if it helped more Americans to have health insurance coverage. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

8.) I am interested in what is going on in government and politics.

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

9.) I think I am well informed on the potential solutions that politicians have proposed to control the rising costs of health insurance.

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

10.) I feel that it's the government's responsibility to develop an insurance plan to help with rising medical and hospital costs. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

11.) The news media does a good job at keeping me informed about important issues.

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

12.) The federal government spends too much money providing health care services. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

13.) I think the marketplace can best handle some of today's complex health policy problems. Do you:

- A.) Strongly agree with this statement,
- B.) Agree,
- C.) Disagree, or
- D.) Strongly disagree with this statement.

14.) How many times in the last week have you watched the national news? ***Please write the number in the blank provided.***

---

15.) About how many times in the past week have you read a daily newspaper? ***Please write the number in the blank provided.***

---

16.) Which of the following do you have the most faith in: national government, state government, or local government?

- A.) National Government
- B.) State Government
- C.) Local Government

17.) Have you usually thought of yourself:

- A.) As a Republican,
- B.) As an Independent,
- C.) As a Democrat,
- D.) Sometimes a Republican and sometimes a Democrat, or
- E.) As a member of some other party?

18.) How would you describe your overall political views? Would you say you are:

- A.) Very Liberal
- B.) Liberal
- C.) Middle-of-the-road
- D.) Conservative, or
- E.) Very Conservative

# ***Deliberative Democracy in Delaware County, Indiana***

***Ball State University  
Rollins College***

***April 2, 2008***

**Project on Deliberative Democracy  
April 2, 2008**

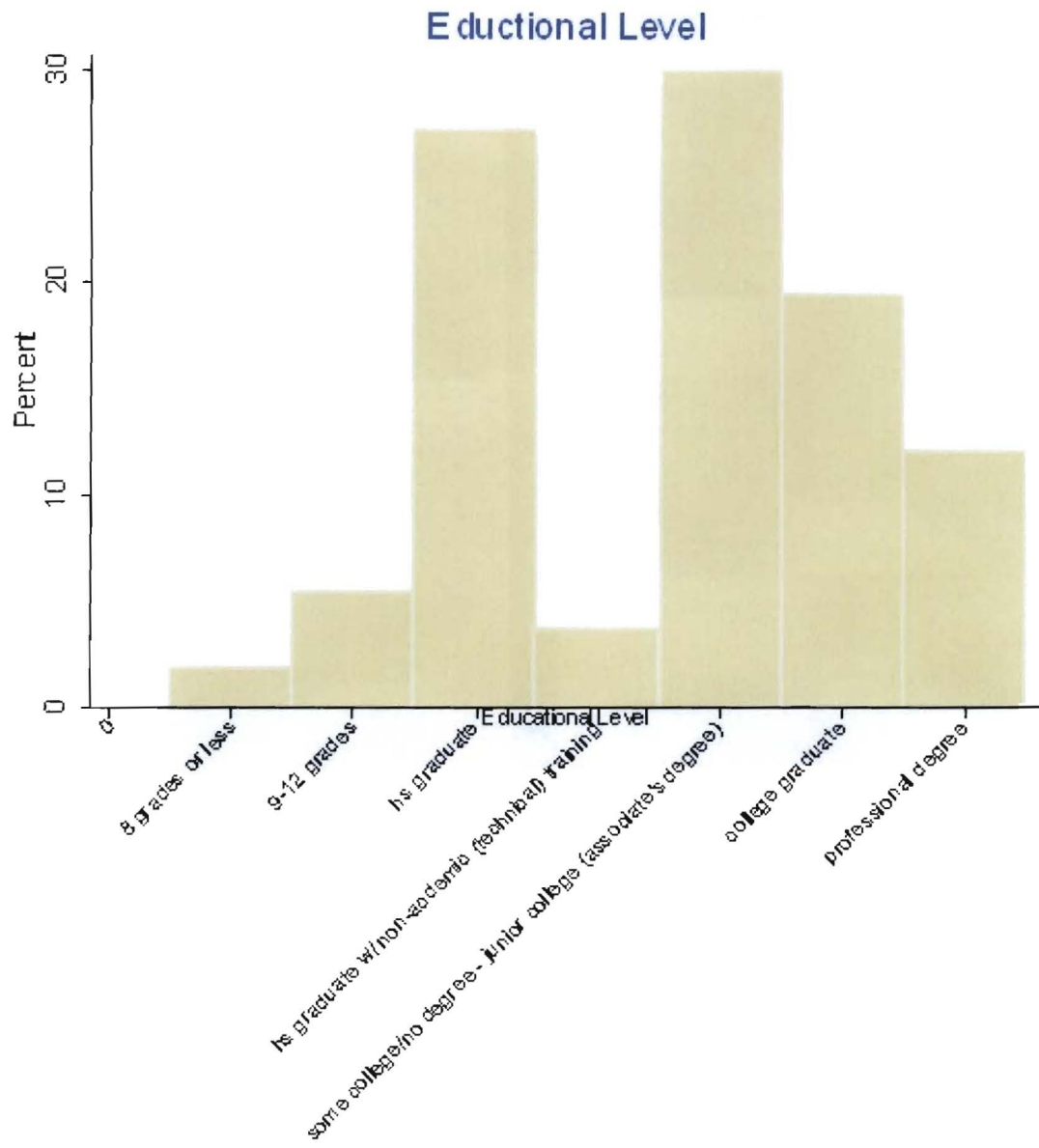
**Wave 1**

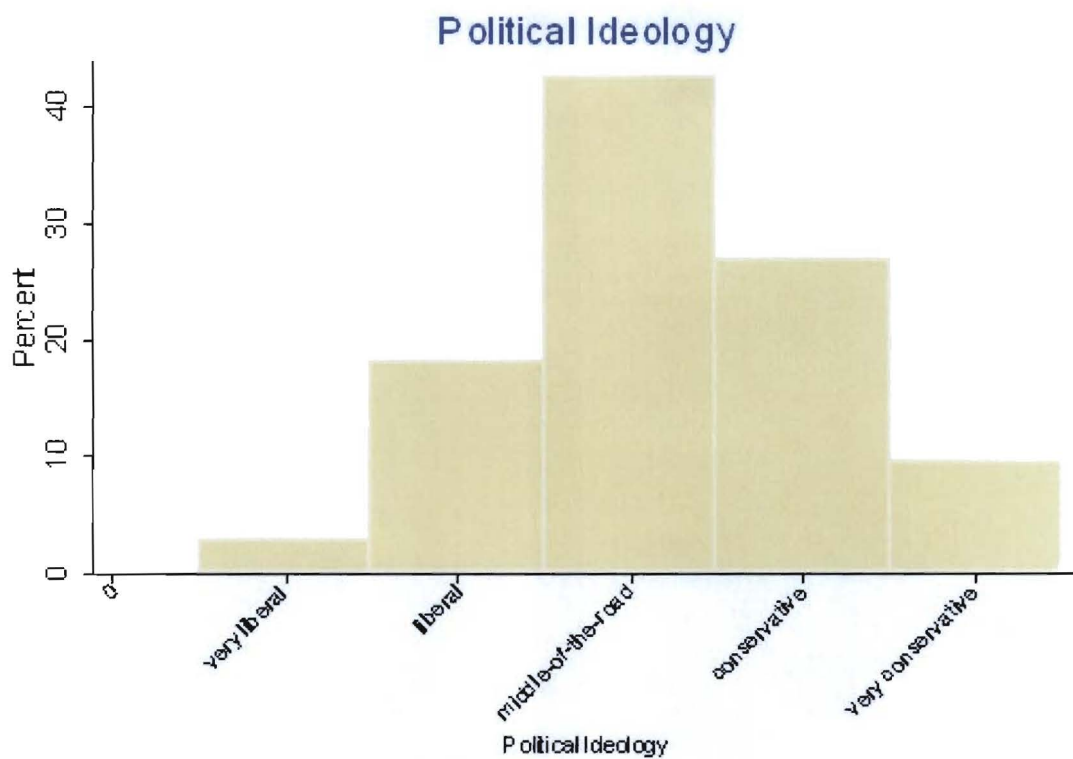
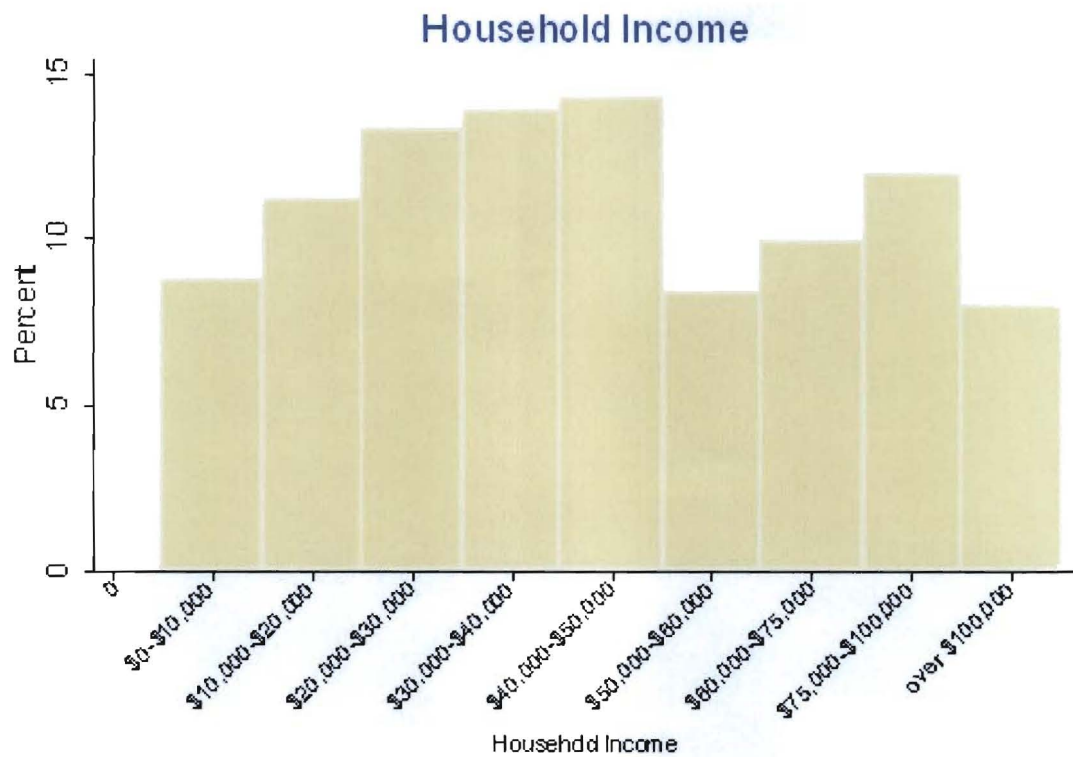
## **I. Comparisons to United States and Delaware County**

<b>Characteristic</b>	<b>U. S.</b>	<b>Delaware County</b>	<b>Survey</b>
Median Age	38.6	33.6	54
Median per capita income	\$ 26, 368	\$ 27, 431	
Median personal income	\$ 32, 689	\$ 31, 876	
Median household income	\$ 48, 451	\$ 34, 516	\$ 40,000- 50, 000
% Bush Vote 2004	50.7 %	56.4%	

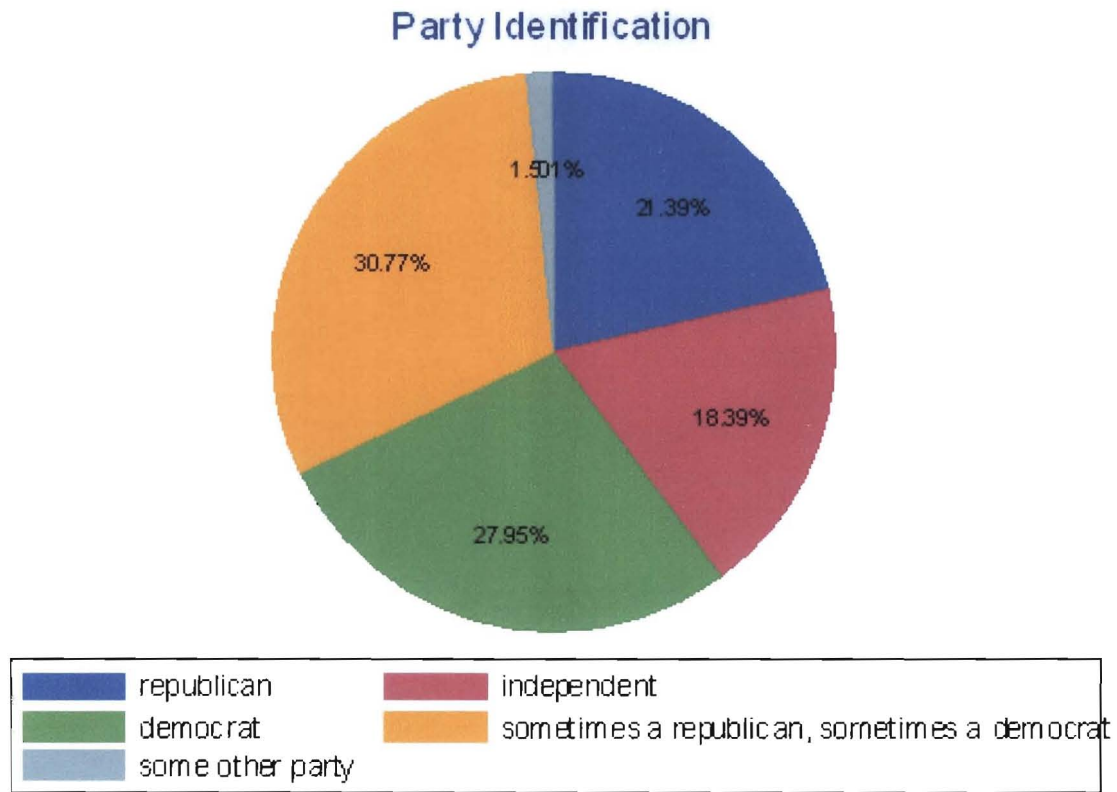
% Pop over 65	14.4 %	14.4 %	25 %
% Pop with insurance	82 %		89 %
% High School graduate	84.1 %	84.7 %	80.5 %
% Bachelors or higher	27.0 %	22.8 %	31.7 %
% Male / % Female	51% / 49 %	48% / 52%	41 % / 59 %
Sources: US Census; Federal Election Commission			

## II. Demographic Distributions of Survey Repspondents







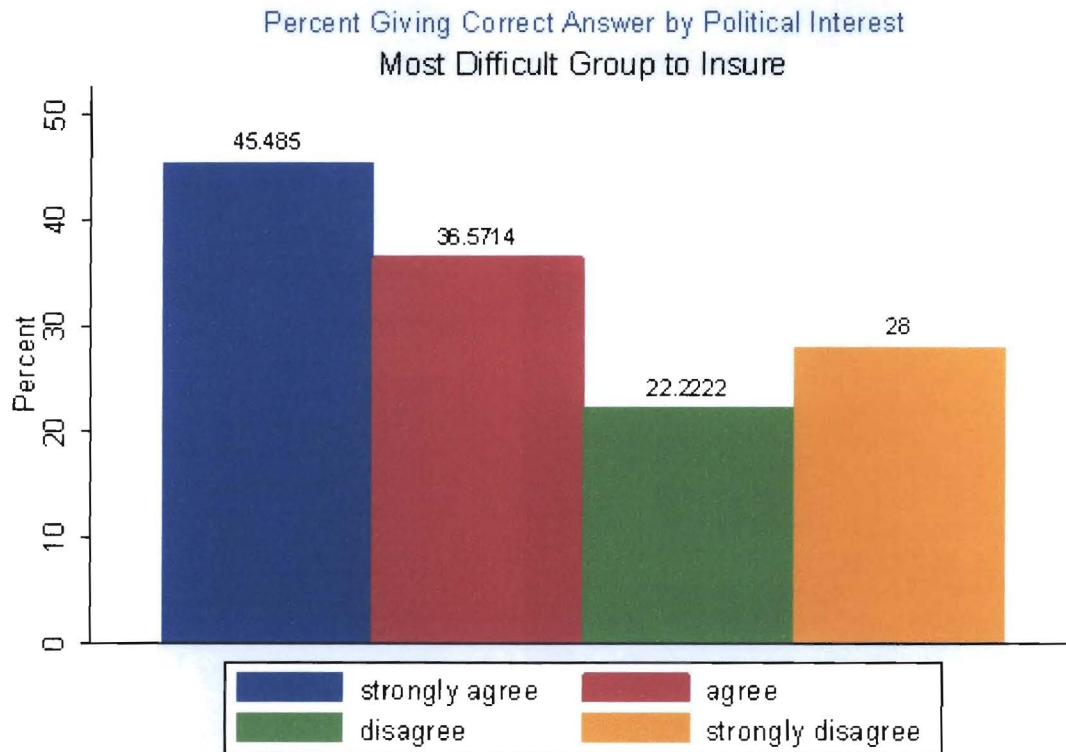


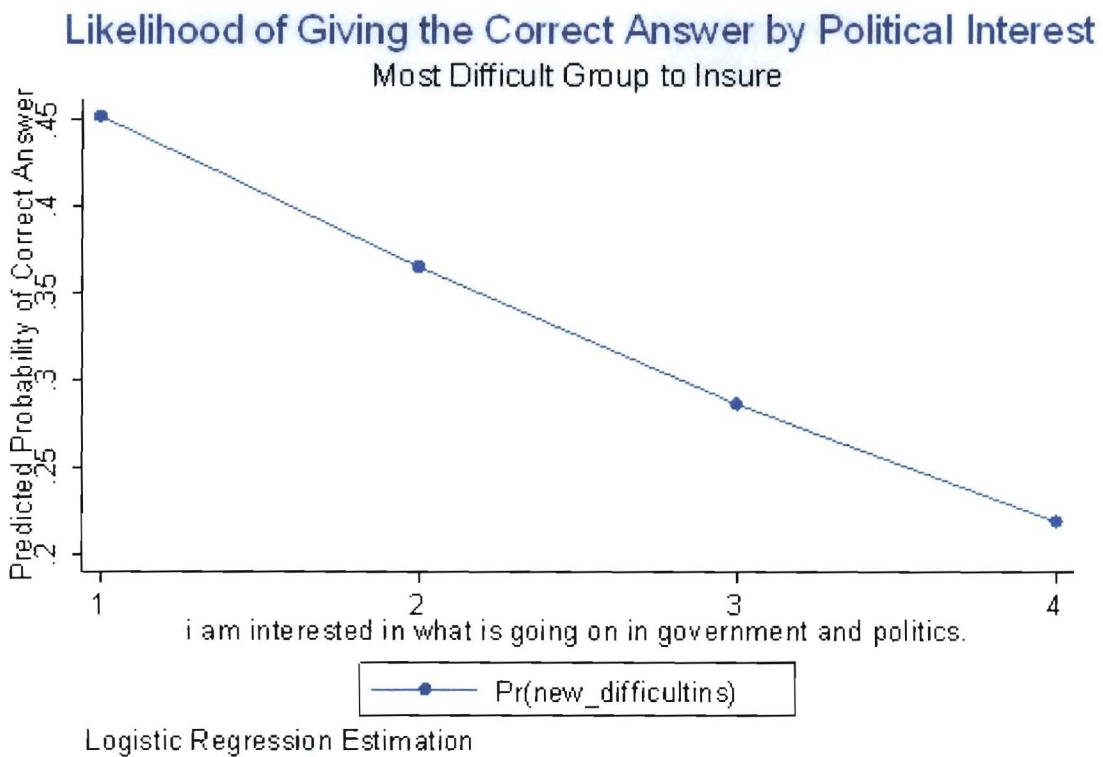
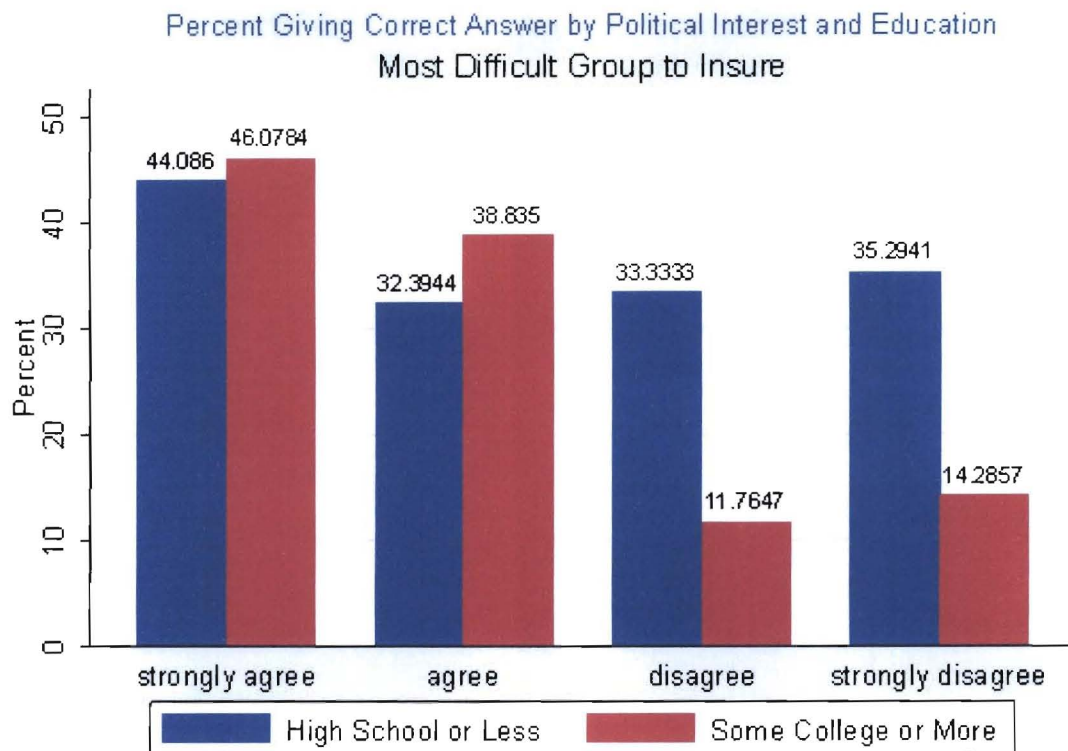
### III. Survey Results: Wave 1

	<b>All Respondents</b>	<b>Male</b>	<b>Female</b>
<b>Most Important Issue (% giving first mention)</b>			
Cost of insurance	54	73	69
Number of people without insurance	23	42	41
Cost of drugs	12	26	35
Malpractice system	3	57	33
Quality of health care	7	29	44
<b>Descriptive Information (% giving correct answer)</b>			
How many people without health insurance	51	48	52
Group most difficult to insure	40	39	40
<b>Possible Solutions to Rising Costs/ Access (% strongly agree/agree)</b>			
Increase copays	33	34	31
Willing to pay more to insure more	45	43	46
Government more involved	72	73	71
Government should develop plan	73	66	77
Follow market solution	59	56	60
<b>Trust in Government (% who strongly agree/agree)</b>			
Politicians share my priorities	33	32	34
Government spends too much on health care	24	31	19
Faith in national government	25	18	29
<b>Interest in Politics/Information Level (% who strongly agree/agree)</b>			
Interested in what is going on in politics	89	88	89
Consider myself informed about solutions	57	57	56
Media does good job providing information	59	51	64
Average times watch national news/week	6.0	6	6
Average times read paper/week	5.0	5	5

#### **IV. Likelihood of Giving Correct Answer: Basic Information**

The likelihood that a respondent correctly answers a factual question appears to be primarily related to their level of political interest. Education does not improve the respondent's likelihood of giving the correct response for "which group is the most difficult to insure."





## V. Respondent Issue Constraint: Consistency of Opinion Across Related Issues

Respondents report that they are very interested in politics, they consider themselves to be well-informed, and are relatively engaged through reading newspapers and/or watching the news on television. Is an individual's opinion on one issue then predictive of their opinion on another issue that operates on a similar dimension? The respondents reflect moderate issue constraint. A Spearman rank order correlation was performed among variables to determine if an individual's opinion on one issue is related to their opinion on a related question.

Issue Constraint Kendall's Tau				
	Market Policy	Government Control	Government Develop Plan	Government Spends too much on heal care
Government Control	-.14			
Government Plan	-.15	.33		
Government Overspends	.15	-.13	-.25	
Willing to pay more	-.03	.14	.11	-.07

Issue Constraint by Education Kendall's Tau									
High School or Less					Some College or More				
	Market Policy	Govt Control	Govt Plan	Govt Over-spends		Market Policy	Govt Control	Govt Pan	Govt Over-spends
Govt Control	-.08					-.19			
Govt Plan	-.07	.27				-.22	.38		
Govt Over-spends	.12	-.05	-.23			-.17	-.17	-.25	
Willing to Pay More	.05	.13	.10	-.004		-.07	.14	.11	-.10

## **The Assembly**

The next part of our project was to host an assembly where experts from 4 different areas of healthcare would speak to participants from the poll. The speakers included Dr. Bachar al Khatib, a local Muncie doctor; State Senator Sue Errington; Karen Lehmen of Eli Lilly; and Mark Day who formerly worked for a large insurance company. After the healthcare experts spoke, the participants had a chance to break up into small groups to discuss what they thought the biggest problems were with the American healthcare system, as well as possible solutions to those problems. At the end of the day the participants took the original survey again so we could determine if they were better educated on the issue. This process is known as deliberative democracy.

I have included all of the forms the participants had to fill out, the Healthcare Brief, which was created by the class as a whole and then sent to the participants to read before the assembly, a timeline of the day, and the outline of prompts we created to help facilitators of the small groups.

## **Hoosiers Debate Healthcare Agreement Form**

**Please complete this form and return it as soon as possible in the enclosed, pre-paid envelope. We need your completed form in order to secure your participation in the Assembly.**

I understand and agree to participate in the "Hoosiers Debate Healthcare" Assembly on Sunday, March 16, 2008 at Minnetrista Cultural Center, Indiana Room at 1:00 pm (12:30 pm registration). I also understand that I will be paid \$40.00 to participate in this event. This Assembly was developed by *Hoosiers Debate Healthcare* seminar, Virginia Ball Center (Ball State University).

Printed name \_\_\_\_\_

Full Address \_\_\_\_\_

Area Code & Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_  
(i.e vegetarian, vegan, lactose-intolerant, special food allergies)

**Signature** (required) \_\_\_\_\_

Note: Your SSN will be used strictly for payment purposes through Ball State University, will remain private and confidential, and will not to be disclosed to any third parties.

*This completed form is required to process your paid-participation check. Our wish is to hand the check to you at the Assembly, so your full cooperation in returning this in a timely manner is most appreciated. If you turn this in late, we will guarantee you payment by mail, but not at the event on March 16<sup>th</sup> as planned.*

*Thank you again for taking time to participate in this exciting event.  
Hoosiers Debate Healthcare Seminar*

**Hoosiersdebate  
HEALTHCARE**

# The Healthcare Brief

Hoosiers*debate*  
**HEALTHCARE**

*Virginia Ball Center for Creative Inquiry*



I want to thank you again for agreeing to participate in the *Hoosiers Debate Healthcare* Assembly that will take place on Sunday, March 16<sup>th</sup>, at the Minnetrista Cultural Center.

My students have put together this information packet, and it contains some basic information about different parts of the American healthcare system. They have tried to present this information in as non-biased and nonpartisan a manner as possible.

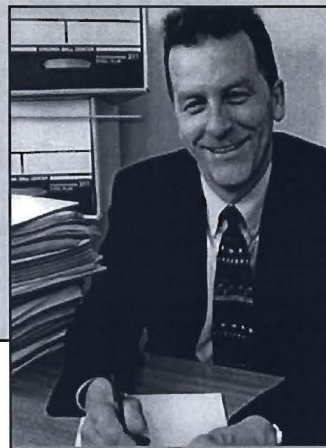
We hope that you'll read through this packet before the Assembly. You don't have to worry about memorizing any of this, and no one expects you to be a healthcare expert. But if we all read the same information before we meet each other, it might make the day's conversations more interesting. You might notice *italicized* words while you read through the packet. These words are defined in the glossary (page 10) for your convenience.

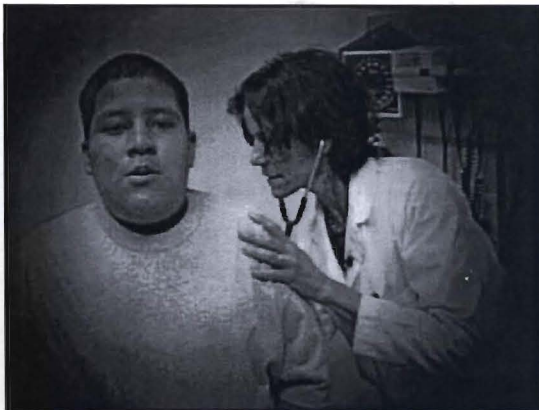
If you have any questions about this packet, or about any other part of the Assembly, please feel free to call me at 287-0117.

Thanks again for your cooperation, and I look forward to meeting you on March 16<sup>th</sup>.

All the best,

Dan Reagan  
Associate Professor  
*Virginia Ball Center Fellow*  
Ball State University





# The Uninsured

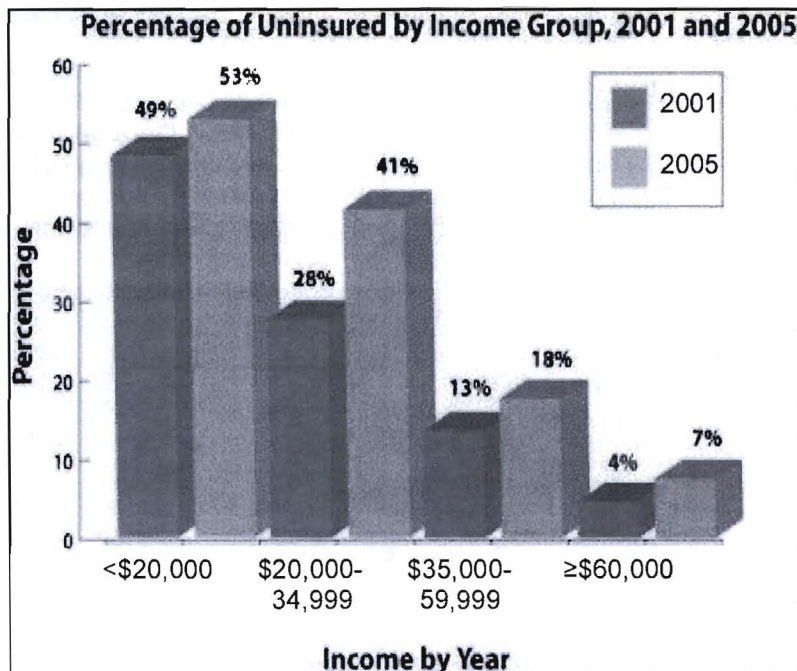
- Nearly 47 million Americans, or 16 percent of the population, were without health insurance in 2005, the latest government data available.
- The number of uninsured rose 1.3 million between 2004 and 2005 and has increased by almost 7 million people since 2000.
- The large majority of the uninsured (80 percent) are native or naturalized citizens.

- The increase in the number of uninsured in 2005 was focused among working age adults. The percentage of working adults (18 to 64) who had no health coverage climbed from 18.5 percent in 2004 to 20.5 percent in 2005 -- an increase of over 800,000 uninsured workers. Nearly one million full-time workers lost their health insurance in 2005.

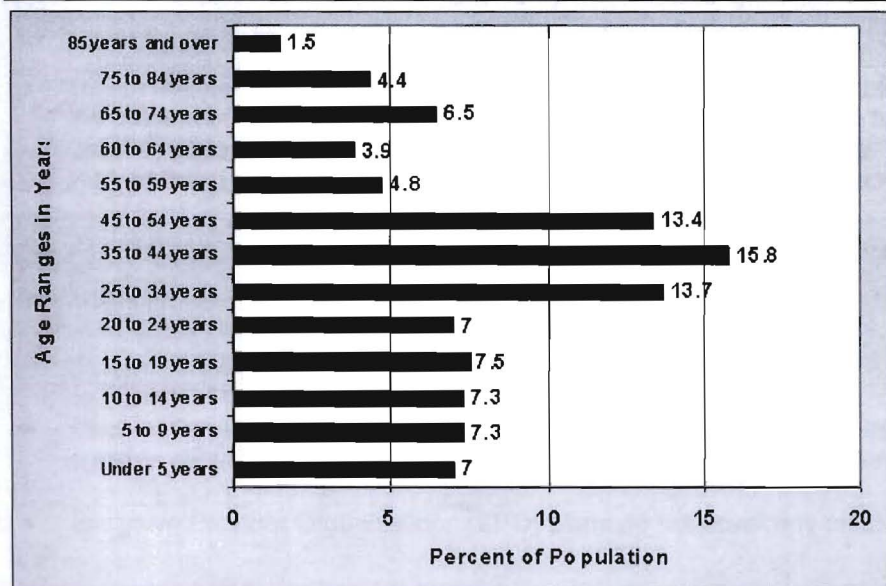
- Nearly 82 million people -- about one-third of the population below the age of 65 spent a portion of either 2002 or 2003 without health coverage.

- Over 8 in 10 uninsured people came from working families -- almost 70 percent from families with one or more full-time workers and 11 percent from families with part-time workers.

- The number of uninsured children in 2005 was 8.3 million -- or 11.2 percent of all children in the U.S. The number of children who are uninsured increased by nearly 400,000 in 2005, breaking a trend of steady declines over the last five years.



Nearly 40 percent of the uninsured population reside in households that earn \$50,000 or more. A growing number of middle-income families cannot afford health insurance payments even when coverage is offered by their employers.



The chart at left illustrates Indiana's uninsured as a percentage of each age group. A total of 13% of Hoosiers are uninsured.





# Economics

There are a few simple principles of economics which, when properly utilized, will allow anyone to provide basic economic analysis of healthcare data.

## Demand Curves

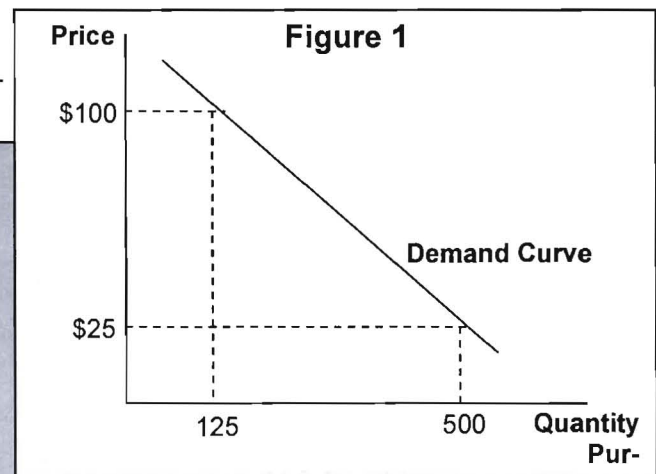
- Demand curves always slope downward. The more something costs, the less people want of it (See Figure 1).
- People access the health system more when there is a lower price or zero price (\$0) to them, for instance, under many Americans' insurance coverage, emergency room visits cost \$0 out-of-pocket, which leads to the overuse of emergency rooms.
- Under many American's insurance coverage, emergency room visits cost \$0 out-of-pocket, which leads to the overuse of emergency rooms

## Scarcity

- People want more than they can have of goods and services, but only a limited number of these goods and services exist. Goods and services are known as scarce goods.
- Because of scarcity, a system must exist to ration these goods and services
  - The rationing system most often used is price (money)
  - If price does not ration, something else will.
    - Another example of a rationing systems is waiting in a line

## Economic Problems with Health Insurance

- Adverse Selection: the sickest people are those who are most likely to seek out insurance
  - Those with lower risk (better health) pay lower premiums
    - Healthier people try to pool themselves together with other healthy people to lower their collective risks and their collective insurance premiums
  - Attempts at solving the adverse selection problem include forcing everyone to be part of the same system (no possible separation of healthy people and sick people)
- Moral Hazard: when someone is covered by health insurance, their risky behavior becomes less costly to them (if they get sick or injured, insurance will help pay some of the costs)
  - There is incentive to take more risks than the individual would without insurance
  - Damage associated with risky behavior is more likely to occur
  - Attempts to solve the moral hazard problem include providing incentives to encourage healthy behaviors, and penalties for participating in risky behaviors



## Miscellaneous

- Insurance is not pre-paid health care
  - It is wealth protection: protection from catastrophic, unexpected payments
- "Free health care" does not exist. Someone is always paying for it.





# Private Insurance

- The "fee-for-service" business model is a situation in which the patient must pay out-of-pocket in full for all services rendered, similar to other service industries.
- Insurance payments are a form of cost-sharing and risk management where individuals or employers pay a monthly *premium*. This cost-spreading picks up much of the cost of health care, but individuals often pay up-front a minimum part of the total cost (*deductible*), or a portion of a procedure's cost (*co-payment*).

- The health care system in the U.S. has a vast number of players — there are a very large number of insurance companies operating in the U.S.

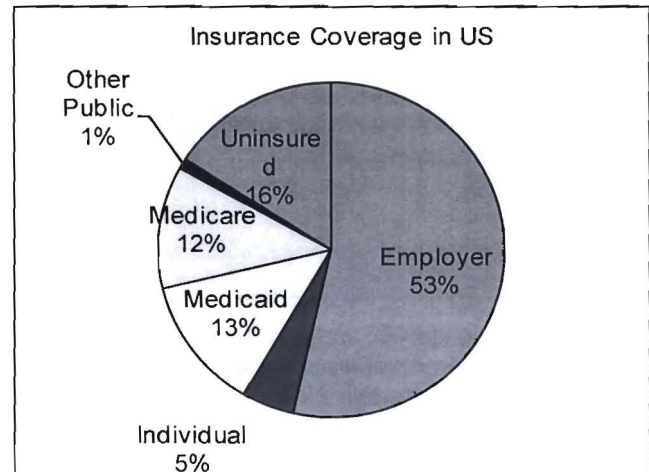
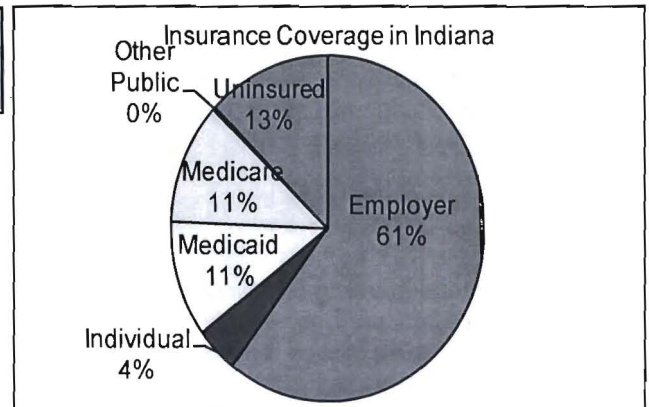
## Four Types of Individual Insurance

1. Hospital-surgical insurance plans cover routine medical costs (not catastrophic loss) and are referred to as basic plans.
2. Major medical insurance is designed to cover a higher proportion of the covered expenses in the event of catastrophic illness or injury. These plans have broad coverage of all necessary medical expenses and other expenses related from illness or injury.
3. Long-term care insurance provides benefits for care received in a nursing facility, hospital, or at home. To be eligible for these policies you must demonstrate difficulty performing daily activities.
4. Disability income insurance provides a source of income for people who cannot work. Most insurers limit the amount to 60 - 80% of what the person was making before their injury.

## Group Insurance

Group health insurance premiums account for more than 90% of all health insurance premiums. Employers that provide health insurance usually provide group coverage through managed care plans. Managed care is a generic term in which medical expense plans are provided in a cost effective manner. Group plans can vary by deductible amounts, *coinsurance* requirements, and stop loss limits, but provide broader coverage and have fewer restrictions and exclusions than individual insurance. Employers pay most of the monthly premiums. Group insurance also provides tax advantages to employees.

- Health Maintenance Organizations (HMOs) usually have no deductibles or coinsurance requirements (coinsurance is the amount of money paid out of pocket). HMOs provide broad care to their members at a fixed prepaid fee, and put great emphasis on controlling costs to keep them as low as possible. These plans pay doctors a fixed amount to provide incentive to reduce unnecessary medical care.
- Preferred Provider Organizations (PPOs) are similar to HMOs but have three major differences. First, medical care is not prepaid, but rather paid for on a fee-for-service schedule. Second, unlike HMOs, patients do not have to use a preferred provider when they need care. Third, PPO patients are not required to see a primary care physician or receive permission from an approved physician to see specialists. PPOs control cost by negotiating fees at a discount; they also help physicians build their practices.
- Point-of-Service (POS) plans are also similar to HMOs, but differ in that patients can see physicians outside of their insurance network. By choosing to go outside of the network, the patient chooses to pay higher costs.
- Exclusive Provider Organizations (EPO) plans do not cover any medical cost that is received outside of the network.





# Government Expenditures



- The federal government is the nation's largest purchaser of health care, accounting for approximately one-third of U.S. health care spending. The federal government is the largest healthcare insurer in the nation.
- Health insurance costs are rising faster than wages or inflation; medical bills are overwhelmingly the most common reason for personal bankruptcy in the United States.

Total health expenditures recently reached \$2.1 trillion, which translates to \$7,026 per person or 16 percent of the nation's *Gross Domestic Product (GDP)*. The U.S. spends more on health care, both as a proportion of gross domestic product (GDP) and on a per-capita basis, than any other nation in the world. The health share of GDP is expected to continue its historical upward trend.

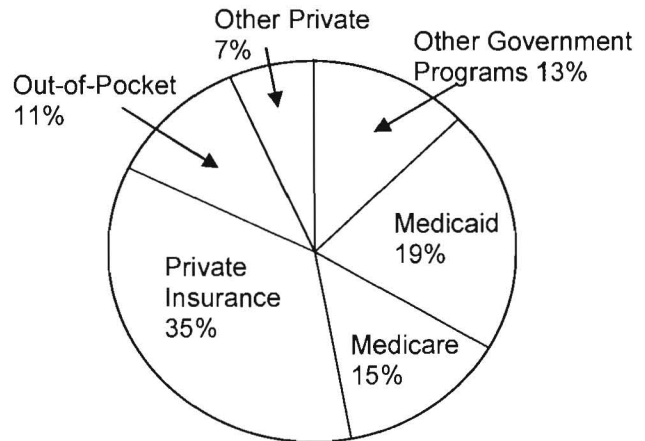
In 2006, The federal government allocated \$515.2 billion to the *Center for Medicare and Medicaid Services (CMS)*, which accounts for 19% of total federal outlays. The only federal agency with more outlays is the Social Security Administration. The largest increases in *administrative* costs were in customer service and information technology, and the largest decreases were in provider services and contracting, and in general administration.

Medicare expenditures in 2006 were \$381.9 billion. Medicare's dedicated revenues from designated payroll taxes and from premium payments cover only 57 percent of current benefits. The remaining 43 percent is financed from general tax revenues. Medicare has over 1 billion claims filed annually.

Medicaid outlays in 2006 were \$307 billion from the CMS. The Federal government matches a percentage of the cost of Medicaid. Federal matching rates vary from state to state and range from 50 to 76%. The federal matching average is 57%.

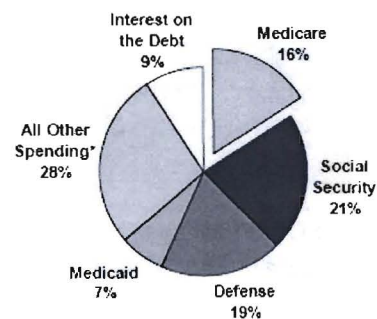
The healthcare system is not exclusively publicly funded, but also receives private funding. In 2004, private insurance paid for 36% of personal health expenditures, private out-of-pocket payments were 15%, while federal, state, and local governments paid 44%.

## American Healthcare Dollar



## Spending as a Share of Federal Budget

### Exhibit 2 Medicare Spending as a Share of the Federal Budget, FY 2007



Total = \$2.7 Trillion in FY 2007 Federal Spending

NOTES: \*Includes offsetting receipts.  
SOURCE: Congressional Budget Office, *Monthly Budget Review*, November 6, 2007.



MEDICARE HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY	JOHN D. DOE
MEDICARE CLAIM NUMBER	123-45-6789A
SEX	MALE
IDENTIFIED TO	EFFECTIVE DATE
HOSPITAL INSURANCE (PART A)	1/1/95
MEDICAL INSURANCE (PART B)	1/1/95
SIGN HERE	<i>John D. Doe</i>

# Medicare

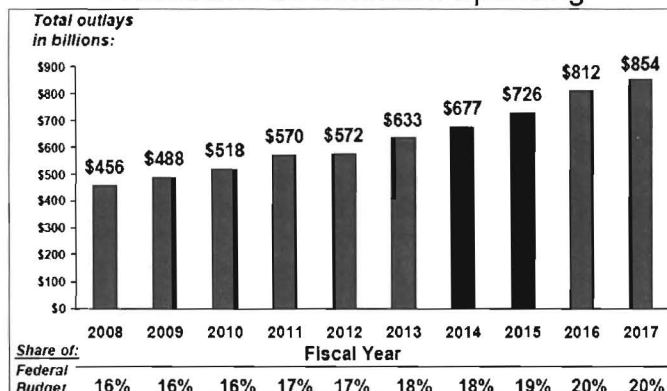
## Medicare Basics and Coverage

- Medicare is a national healthcare insurance policy for the elderly and disabled
- 42 million users of Medicare in the U.S.
- People over the age of 65, people with certain disabilities, and people with *End-Stage Renal Disease* are eligible for coverage through Medicare

## Programs Offered Through Medicare

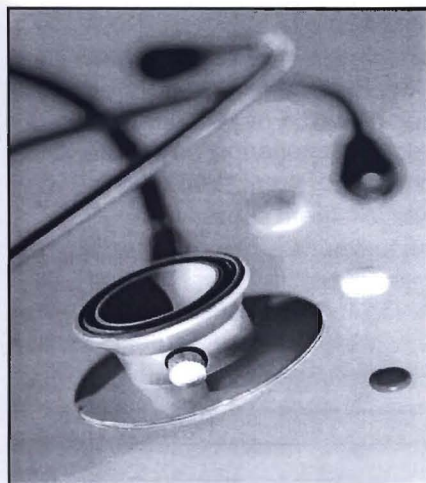
- Part A—Hospital Insurance
  - ◊ Part A helps cover hospital care, *hospice care*, and some other home health care and is paid for through payroll taxes.
- Part B—Medical Insurance
  - ◊ Part B helps cover doctor visits and other outpatient care such as physical therapy and is paid for through a monthly premium.
- Part C—Medicare Advantage
  - ◊ Part C combines Parts A and B for additional coverage of all medically necessary procedures and is paid for through co-pays, premiums, and deductibles.
- Part D—Prescription Drug Coverage
  - ◊ Part D helps cover prescription drug costs and is paid for through co-pays, premiums, and deductibles. Like Part C, Part D is also offered through approved private insurance companies.

## Predictions on Medicare Spending



## "Medigap" Insurance

- Medigap insurance is supplemental health insurance coverage for people using Medicare and are not fully covered
- Gaps in Part A include deductibles, co-pays, and premiums as well as some skilled services, such as skilled nursing facilities, that are not covered by Part A.
- Gaps in Part B include deductibles, co-pays, and premiums as well as bills that are above Medicare's pre-approved charge.
- Twelve standard plans are offered to cover Medigaps, each varies depending on the desired cost and coverage of the buyer.



# Medicaid

## Introduction

- Medicaid is a government medical insurance program designed to aid low income individuals and families.
- Medicaid is co-funded by the federal government and each state government.
- Because Medicaid is a state administered program each state sets its own eligibility and benefit packages.
- Most Medicaid recipients are enrolled in a managed care organization, such as an HMO through Medicaid.
- Medicaid is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

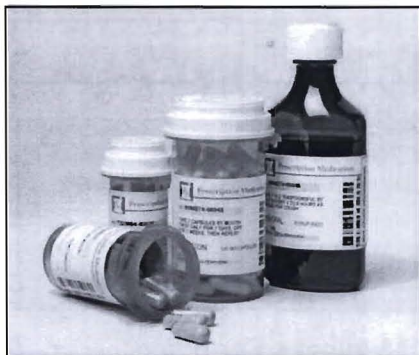
## Indiana Medicaid Benefits: (depending on eligibility)

Breast and Cervical Cancer Treatment  
 Long Term Care  
 Chiropractors  
 Podiatrists  
 Vision and Dental  
 Psychologists  
 Home Health Therapies  
 Numerous other services

## Healthy Indiana Plan

This plan covers those not eligible for Medicaid. Includes all Medicaid benefits as well as enhanced services for health education and preventative health.





# Prescription Drugs

- Prescription drugs constituted 10% of healthcare expenditures as of 2005. From the mid-1990s until recently, this was the fastest growing component of all expenditures-increasing at double-digit rates.
- In 2005, the annual rate of prescription drug spending had declined to only 6%. However, Health and Human Services projected annual prescription drug spending growth to increase from 5.8% in 2005 to 9.4% in 2016.

Three primary factors affecting prescription drug spending:

- Number of prescriptions purchased:  
The number of prescriptions purchased increased 71% from 1994 to 2005.
- Price changes:  
Retail prescription prices increased an average of 7.5% from 1994 to 2006. Moreover, the average name-brand prescription price was over three times the average generic price in 2006 (\$111.02 vs. \$32.23).
- Changes in drugs used:  
Drug use changes when patent protection expired and the production of generics increases.

## Private Insurance Coverage

A majority of private health insurance plans are employer-sponsored plans and nearly all included prescription drug benefits (98%).

## Basics of Medicare Part D

Beginning in 2006, all elderly and disabled became eligible for private drug plans approved by the federal government. Plans are offered two ways:

- through a stand-alone prescription drug plan (PDP), or
- through a Medicare-financed plan (which are called Medicare Advantage prescription drug (MA-PD) plans).

There are currently 50 PDPs and 15 MA-PDs available to choose from in Delaware County.

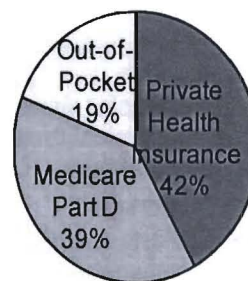
Currently, 44 million participate in Medicare Part D or "credible coverage" plans. Enrollment will continue to increase as "baby boomers" age. Low-income participants qualify for assistance with premiums and cost sharing. Some drug coverage is also provided through state Medicaid programs.

## Generic Drugs

Generics are designed as equivalents to brand-name drugs in safety, strength, and quality.

- Generics are typically less expensive than brand-name drugs, and prices for generics have historically increased less rapidly than prices for brand-name drugs.
- Approximately 75 percent of approved drugs have generic counterparts. Today, generics account for 63 percent of all drug prescriptions.

Prescription Drug Expenditures



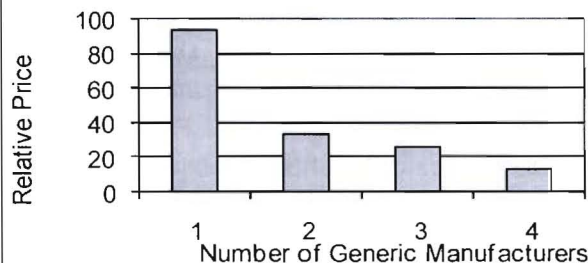
## Recent Trends

A recent trend is to include tiered co-payment schemes in employer-sponsored coverage.

- In 2006, about 74% of employer-sponsored plans used a co-payment scheme. In 2000, this share only represented 27% of plans.
- Actual co-payments have also increased. Non-preferred tiered drugs have increased the most, from an average of \$17 in 2000 to \$38 in 2006. Preferred drugs have almost doubled, while generics have remained nearly static.

Consumers have changed as well. For instance, many are requesting cheaper drugs or generics, buying over-the-counter drugs instead of prescribed drugs, and importing drugs from abroad.

Generic Competition and Drug Prices







# International Health Systems

The United States is the only modern industrialized country that does not guarantee its citizens' healthcare or health insurance. Many countries have systems that allow for full coverage of its citizens' medical treatment, either through direct *subsidization* of the medical system, or through a system of public or private health insurance schemes. While there have been past proposals to bring similar plans to the United States, none fit Americans demand for healthcare. Every country has its individual characteristics, fitting the needs of its specific population.

## Canada

- Every citizen is covered, regardless of medical history.
- Funded by taxation at provincial/territorial levels, as well as federal income taxes
- Covers preventative care, medical stays, treatments, and other services, such as dental surgery.
- Each citizen receives a health service card, which acts as an ID with all health history information, so no paperwork is necessary.
- Private clinics are not allowed to provide services through public clinics, though this does still occur illegally.
- Expenditures average about 9.5 percent of Canada's GDP.

## Germany

- About 88 percent of citizens are covered with public insurance.
- Funded by taxation, with employers and employees each paying half of the cost, which is about 14 percent of gross income.
- Small co-pays are required for things such as glasses and dentures, but regular procedures and prescriptions are fully covered.
- Families of covered persons are also eligible, even if they are unemployed.
- People are also required to have long-term care insurance, which is an additional 1.7 percent of gross earnings.

## France

- Consistently rated as the best medical system in the world.
- Only covers approximately 75 percent of costs. The remaining balance is paid out-of-pocket or by supplemental private insurance.
- Spending averages about 10-11 percent of French GDP.

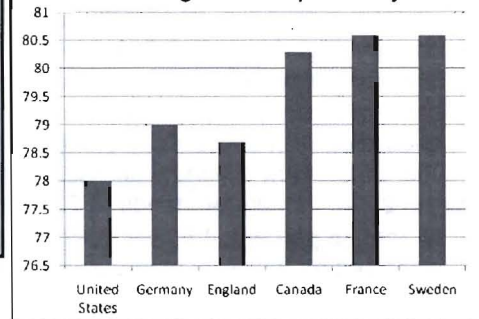
## Sweden

- Each of Sweden's 21 counties are responsible for the implementation of their system, whereas the national government is responsible for overall policy.
- Citizens have free choice of any hospital in the country for care.
- Patients pay small fees for services and prescriptions, but these amounts are set by each county's council government and are often suited to fit the county's population.
- Spending averages 8-9 percent of Swedish GDP.

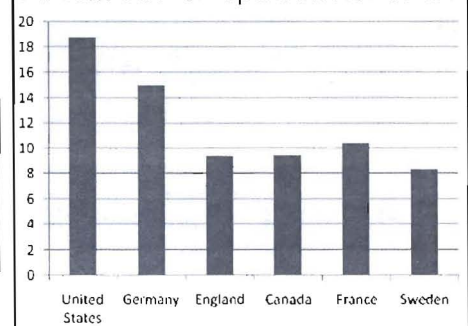
## England

- This is the stereotypical "socialized medicine" system because all doctors, nurses, and hospital staff are employees of the National Health Service, which is a branch of the government.
- Various branches of the NHS act as liaisons to promote improvement, efficiency, and structure.
- Funding comes from central taxation of English citizens.
- Spending is currently at 9.4 percent of GDP.

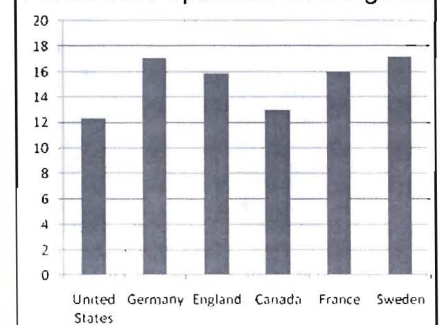
Average Life Expectancy



Percent GDP on Spent on Healthcare



Percent of Population Over Age 65







# Personal Health

Two of the major factors of increased healthcare spending in the United States today are obesity and diabetes. Closely linked, there is no doubt that these conditions are a growing epidemic in this country and have been so for the past 30 years. Of course, these are not the only two health conditions that have led to increased spending on healthcare, but they affect a large percentage of the overall population; targeting these two problems could drastically affect future healthcare costs.

## Obesity

Childhood obesity rates in the United States have skyrocketed in the past three decades. Currently, about nine million children in this country over the age of six are considered obese.

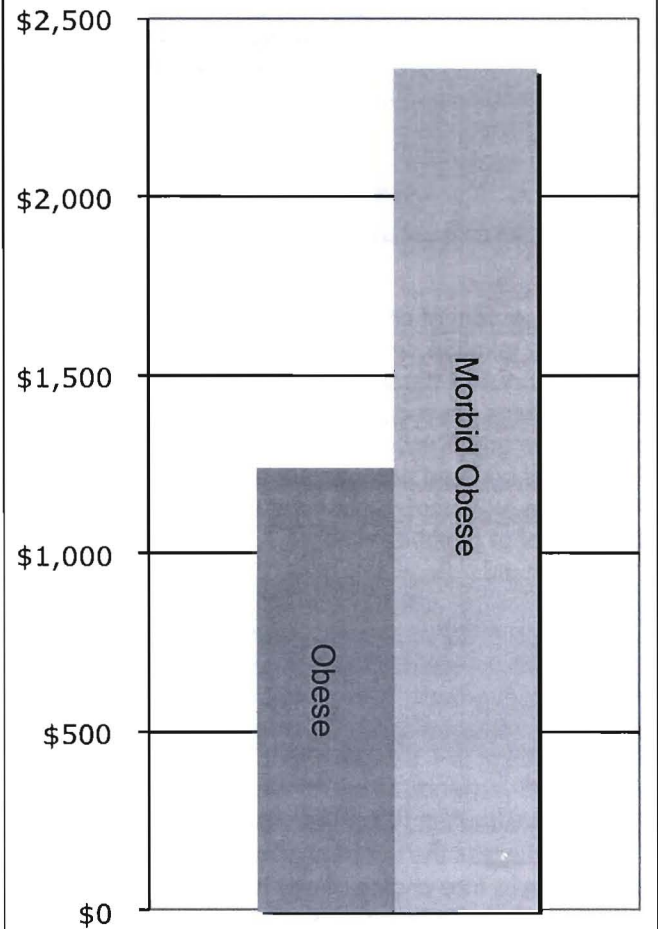
- The most high-risk populations are Hispanic boys and African-American girls. Approximately 24 percent of Hispanic and African-American children are classified as obese.
- In 2003, 65 percent of American adults had weight problems. Now, in 2008, that figure stands at 78 percent.
- Of that 78 percent, 4.5 million women and 3.5 million men are classified as morbidly or severely obese.
- Because of this increasing problem, over 300,000 premature deaths occur annually in the United States.

## Diabetes

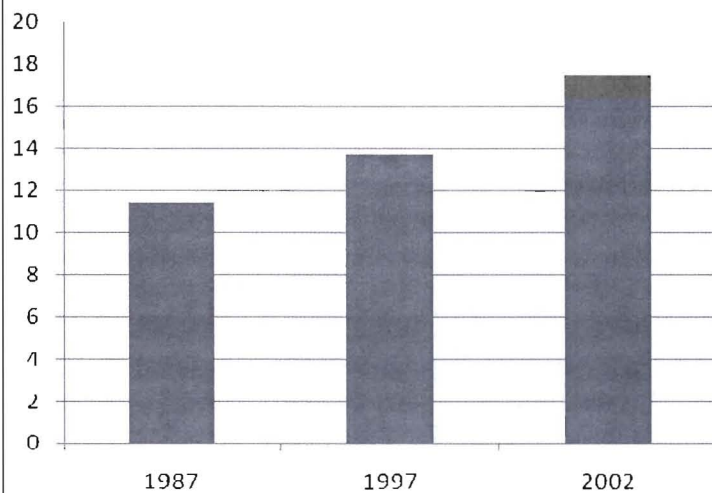
There are now over 17.5 million Americans living with diabetes. Medical costs resulting from direct and indirect problems associated with diabetes now total \$116 billion annually. Half of this figure is due to hospital inpatient care. Only twelve percent is attributed to diabetes medication and testing supplies.

- Approximately one-tenth of all healthcare costs in the United States are for diabetic medical care.

## Per Capita Increased Spending from Obesity



## Percent of Medicare Participants with Diabetes



# Glossary

## Administrative Costs

Costs related to utilization review, insurance marketing, medical underwriting, agents' commissions, premium collection, claims processing, insurer profit, quality assurance activities, medical libraries and risk management.

## Center for Medicare and Medicaid Services

US federal agency which administers Medicare, Medicaid, and the State Children's Health Insurance Program.

## Coinsurance

A type of cost sharing where the insured party and insurer share payment of the approved charge for covered services in a specified ratio after payment of the deductible by the insured. For example, for Medicare physicians' services, the beneficiary pays coinsurance of 20 percent of allowed charges. See Allowed Charge, Copayment, Cost Sharing, Deductible.

## Co-payment

- (1) A fixed dollar amount paid for a covered service by a health insurance enrollee. See Coinsurance and Deductible.
- (2) Amount that a member of a health plan has to pay for specific health services, such as visits to a physician.

## Deductible

- (1) The amount paid by the patient for medical care prior to insurance covering the balance.
- (2) A type of cost sharing where the insured party pays a specified amount of approved charges for covered medical services before the insurer will assume liability for all or part of the remaining covered services.

## End-Stage Renal Disease

A complete or near complete failure of the kidneys to function to excrete wastes, concentrate urine, and regulate electrolytes.

## Fee-For-Service

- (1) Is the most prevalent payment mechanism for physicians. It is reimbursing the provider whatever fee he or she charges on completion of a specific service.

## GDP

The total value of the goods and services produced by the residents of a nation during a specified period (as a year) excluding the value of net income earned abroad.

## Health Maintenance Organization (HMO)

A managed care plan that integrates financing and delivery of a comprehensive set of health care services to an enrolled population. HMOs may contract with, directly employ, or own participating health care providers. Enrollees are usually required to choose from among these providers and in return have limited copayments. Providers may be paid through capitation, salary, per diem, or prenegotiated fee-for-service rates.

## Hospice Care

Hospice care is end-of-life care provided by health professionals and volunteers. They give medical, psychological and spiritual support.

## Inflation

A continuing rise in the general price level usually attributed to an increase in the volume of money and credit relative to available goods and services.

## Managed care

- (1) An integrated system of health insurance, financing, and service delivery functions involving risk sharing for the delivery of health services and defined networks of providers.

## Minimum Credible Coverage

Establishes the lowest threshold health benefit plan that an individual must purchase in order to satisfy the legal requirement that a Massachusetts Resident has health coverage.

## Out-of-Pocket Costs

Total costs paid directly by consumers for insurance co-payment and deductibles, prescription or over-the-counter drugs, and other services.

## Podiatrist

A podiatrist is a physician that specializes in the evaluation and treatment of diseases of the foot.

## Point-of-Service (POS) Plan

A managed-care plan that combines features of both prepaid and fee-for-service insurance. Health plan enrollees decide whether to use network or non-network providers at the time care is needed and usually are charged sizable copayments for selecting the latter.

## Prospective Payment System (PPS)

The Medicare system used to pay hospitals for inpatient hospital services.

## Premium

An amount paid periodically to purchase health insurance benefits.

## Subsidize

To aid or promote (as a private enterprise) with public money.

## Tiered Co-Payment

A system which allows for different co-payments depending on the type and total cost of the prescription drug; ranging from generics to non-preferred name-brand drugs.



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The Assembly

March 16, 2008

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**Agenda- Rachel**

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- 12:30** Registration (table in lobby) & Lunch (Cantina)  
*You will be seated in the second position at the registration table in the lobby.  
You will place participants in groups and create name tags.*
- 12:45**
- 1:00** Introduction and explanation of events (Indiana)  
*You will be standing in the back of the room, ready to assist T-Comm or the  
participants. Feel free to sit at the table with Dan, Joe, Michelle and Alex if  
you get tired.*
- 1:15** Mark Day (president and CEO of iSallus Healthcare)
- 1:30** Sue Errington (Indiana state Senator)
- 1:45** Bachar Al Khatib (Medical professional)
- 2:00** Karen Lehman (Director of Global Public Policy for Lilly Pharmaceutical company)
- 2:15** Q/A session (Indiana Room)
- 2:30**
- 2:45** Small group explanation (Indiana)
- 3:00** Small Groups (break-out rooms)  
*After groups are dismissed, remain on stand-by as you might be placed with  
a group. Feel free to converse with the panelists, but let Dan, Joe, Michelle,  
Alex and the panelists have the seats.*
- 3:15**
- 3:30**
- 3:45** Final Poll (break-out rooms)
- 4:00** Small group presentations (Indiana)  
*You will work with T-Comm, but if they don't need you feel free to sit at the  
table with Dan, Joe and Alex.*
- 4:15** Q/A Session (Indiana)
- 4:30**
- 4:45** Distribute checks (table in lobby)  
*After participants are dismissed, you will serve as the runner between Small  
Conference and the lobby.*
- 5:00**
- 5:15**
- 5:30** Participants are free to leave
-

## What are the pros and cons of the plan?

- Under your plan, are there any **groups left out**?
- Is it right to **force people** to have medical insurance?
- Should insurance **cover all costs** for prescription drug?
- Should politicians **negotiate prices** for prescription drugs?
- Should America **import drugs** from overseas and Canada?
- What constitutes **preventive medicine**?
- Should certain types of **junk foods** be taken off the market?
- Should there be a **rewards system** for people that use preventive medicine?
- Should schools still **require vaccines** as they currently do?
- **What is the problem**, do you specifically think, with the malpractice system?
- How would you **define malpractice** in your plan?
- *How will your solution affect **the way the medical system works**?*
- *How will your solution affect **the way doctors work**?*
- *Will your solution change the **accessibility** of the healthcare system?*
- *How will the reform proposed be **financed**?*
- *How will this change **affect citizens locally and nationally**?*

## What is the most serious problem our healthcare system faces?

### *The cost of health insurance*

- Healthcare spending in the United States topped **\$2 trillion** in 2005
- That equates to **\$6,700 per American** spent annually
- Costs of employer-based health insurance premiums have risen **over 87%** since 2000
- Indiana ranks **23<sup>rd</sup>** in overall health insurance premium costs
  - **\$10,678** for a family of four
  - Costs have risen **61%** since 2000
  - Rhode Island was first at \$11,924, and North Dakota last at \$8,334

### *The number of Americans without health insurance*

- **47 million** Americans are uninsured
- 52% claim they are uninsured because it is **too expensive**
- Only 7% of uninsured Americans feel they **don't need health insurance**
- **New immigrants** are only 10% of the uninsured population
- Number of uninsured Americans who **do not qualify for government programs** and make less than \$50,000 a year is between 14 and 8 million Americans
- In 2005, 790,000 Indiana residents (12.7%) had **no health insurance**
- 8.8% of the states **children** were uninsured
- 11% or 13,000 **Delaware county residents** uninsured

### *The cost of prescription drugs*

- Account for over 10% of all **healthcare spending**

- **Annual rate of spending** is projected to increase from 6 to 9% in the next 10 years.
  - Number of **prescriptions purchased** increased 71% from 1994 to 2005.
  - Retail **prescription prices** increased an average of 7.5% from 1994 to 2005.
- **Spending** breakdown
  - 42% thru **private health insurance plans**
  - 39% thru **Medicare Part D**
  - 19% **out-of-pocket**
- **Creating a drug** is risky and expensive
- The **average drug cost** 860 million dollars in 2004. (Note: That number is debatable.)
- About 18% of **pharmaceuticals sales revenue** is devoted to research and development.

### *The medical malpractice system*

- **Definition:** when a practitioner takes no action or the wrong action
- Litigation of this kind is usually very **expensive**
  - Is **technical** and involves attorneys that specialize in field, expert witnesses, etc.
- **High cost** of litigating a matter sometimes exceeds the amount that can be recovered.
- **Patient compensation fund** makes payouts up to for liability in Indiana
  - Is **limited to** \$250,000.00 per health care provider
  - **Total cap** on damages of \$1.25 million
- **Statute of limitations** generally 2 years in Indiana
- **Medical review board** may review case if requested by either party
- **Attorney fees** cannot exceed 15%.

## *The quality of care provided to those without health insurance*

- **Health Center Growth Initiative of 2001**

- **1,200 towns** and cities with new community health centers
  - Now over **4,000** across the country
- Since 2001, patient usage of community health centers has increased **60%**
- In 2006, over **6 million** uninsured patients were treated at community health centers
- **92 percent** of health center patients are considered "**low-income**"

## *International Systems*

### **Canada**

- Not a pure form of "socialized medicine;" some services are publicly funded while others are privately funded
- Public healthcare and socialized insurance
- Every citizen is covered, regardless of medical history
- Funded by taxation at provincial levels and federal income tax
- Covers preventative care, medical stays, treatments and other services such as dental surgery
- Each citizen receives a health service ID which accesses all health information, no paperwork is necessary
- Each province controls its own health system and issues its own IDs
- Services beyond what are dictated by national legislation (such as drug coverage) vary province to province
- Private clinics are not allowed to provide services through public clinics, though this does occur illegally
- Recently great improvements have been made in reducing the wait for elective surgery
- Expenditures average about 9.5 % of GDP

### **Germany**

- About 88% of citizens are covered with public insurance
- The majority of the remaining 12% have private insurance
- Compulsory insurance is mandated for those below a set income; individuals above that level may opt into compulsory insurance and frequently do
- Funded by taxation, with employers and employees each paying half of the cost, which is about 14% of gross income
- Small co-pays are required for things such as glasses and dentures, but regular prescriptions and procedures are covered
- Families of covered persons are also eligible, even if they are unemployed
- People are also required to have long-term care insurance, which is an additional 1.7% of gross income

### **France**

- Consistently ranked as the best healthcare system in the world



- Covers 75% of most services; the remaining is covered out of pocket or through private insurance
- 100% of costly and long term ailments are covered
- Most supplemental insurance is provided through non-profit mutual insurers
- Until recently the system was available only to workers but is now universal
- Spending averages about 10-11% of GDP

### Sweden

- Each of Sweden's 21 counties is responsible for implementation of the system while the national government sets policy
- Citizens have free choice of any hospital in the country for care
- The state reimburses individuals for travel expenses to and from the hospital or clinic
- When a physician declares someone to be ill their employer pays their wages for 14 days. After that point the government pays the wage until the person is declared healthy
- There is some waiting but it is based on diagnosis and emergent/critical situations are treated immediately
- Patients pay small fees for services and prescriptions, but these amounts are set by each county's council to suit the local population
- Spending averages 8-9% of GDP

### United Kingdom

- This is national healthcare; "socialized medicine"
- All doctors, nurses and hospital staff are employed by the National Health Service, which is a government agency
- Various branches of the NHS work to promote efficiency, improvement and structure
- Funding comes from central taxation of English citizens
- Spending is currently at 9.4% of GDP
- World's third largest employer
- Despite providing coverage for all citizens some services such dental work are generally considered elective, and, therefore, are not a priority
- A recent university study suggests that the NHS will be running a 7 billion pound deficit by 2010

## What should we do to solve that problem?

- **Employer Mandate**-option that federally qualified HMOs have to exercise over employees, requiring them to have available one or more types of HMOs per plan
- **Individual Mandate**- requires individuals to purchase health insurance and punishes those who don't
- **Tax Credits**-tax benefits granted for engaging in particular activities that are subtracted on a dollar for dollar basis, from taxes owed
- **Expand Current Programs**-Government Sponsored Health Plan-health insurance is available through the government, such as Medicare and Medicaid
- **Drug Reform**-changing the way that drugs are manufactured, bought, or sold
- **Importation**-the commercial activity of buying and bringing in goods from a foreign country

- **Malpractice Reform**-changing the current mechanism through which negligence is compensated for/punished
- **Preventive Medicine**-branch of medicine concerned with the prevention of disease and the promotion and preservation of health
- **Pay for Performance**-providers under this arrangement are rewarded for quality of healthcare services
- **Tax Cuts**- the act of reducing taxation

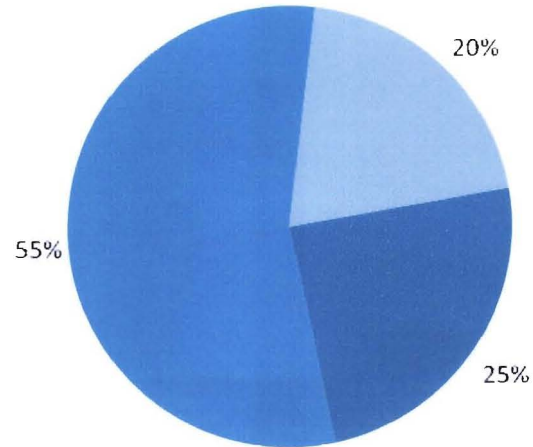
## **The Showcase**

To display our hard work throughout the semester, Hoosiers Debate Healthcare hosted a showcase at the beginning of May. I have included the invitations, the program, graphs we displayed at the showcase, and the DVD, which includes the actual documentary and the behind-the-scenes film.

# Comparison of the Phone Survey Respondents Demographics

<b>Characteristics</b>	<b>United States Citizens</b>	<b>Delaware County Citizens</b>	<b>Survey respondents</b>
Median Age	38.6	33.6	54
Median per capita income	\$ 26, 368	\$ 27, 431	—
Median personal income	\$ 32, 689	\$ 31, 876	—
Median household income	\$ 48, 451	\$ 34, 516	\$ 40,000- 50, 000
% Pop over 65	14.40%	14.40%	25%
% Pop with insurance	82%	—	89%
% High School graduate	84.10%	84.70%	80.50%
% Bachelors or higher	27.00%	22.80%	31.70%
% Male / % Female	51% / 49 %	48% / 52%	41 % / 59 %
Sources: US Census; Federal Election Commission; Don Davison			

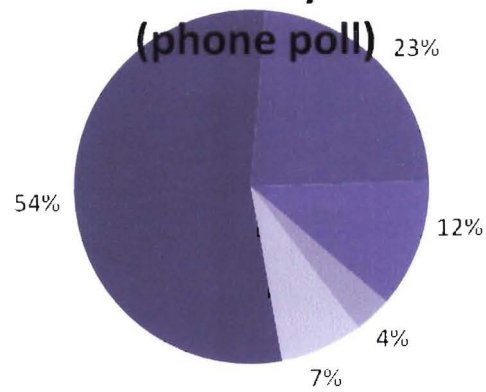
# Which of the following do you have the most faith in? (phone survey)



■ National government      ■ State government  
■ Local government

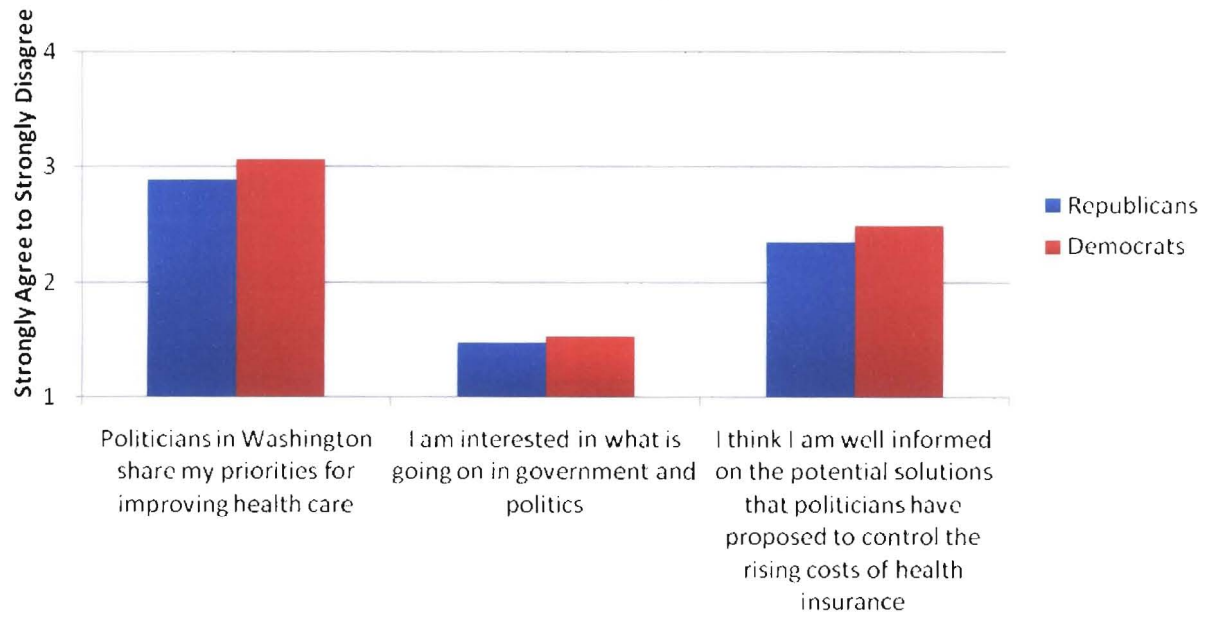
## What is the most serious problem you think our health care system faces today

(phone poll)

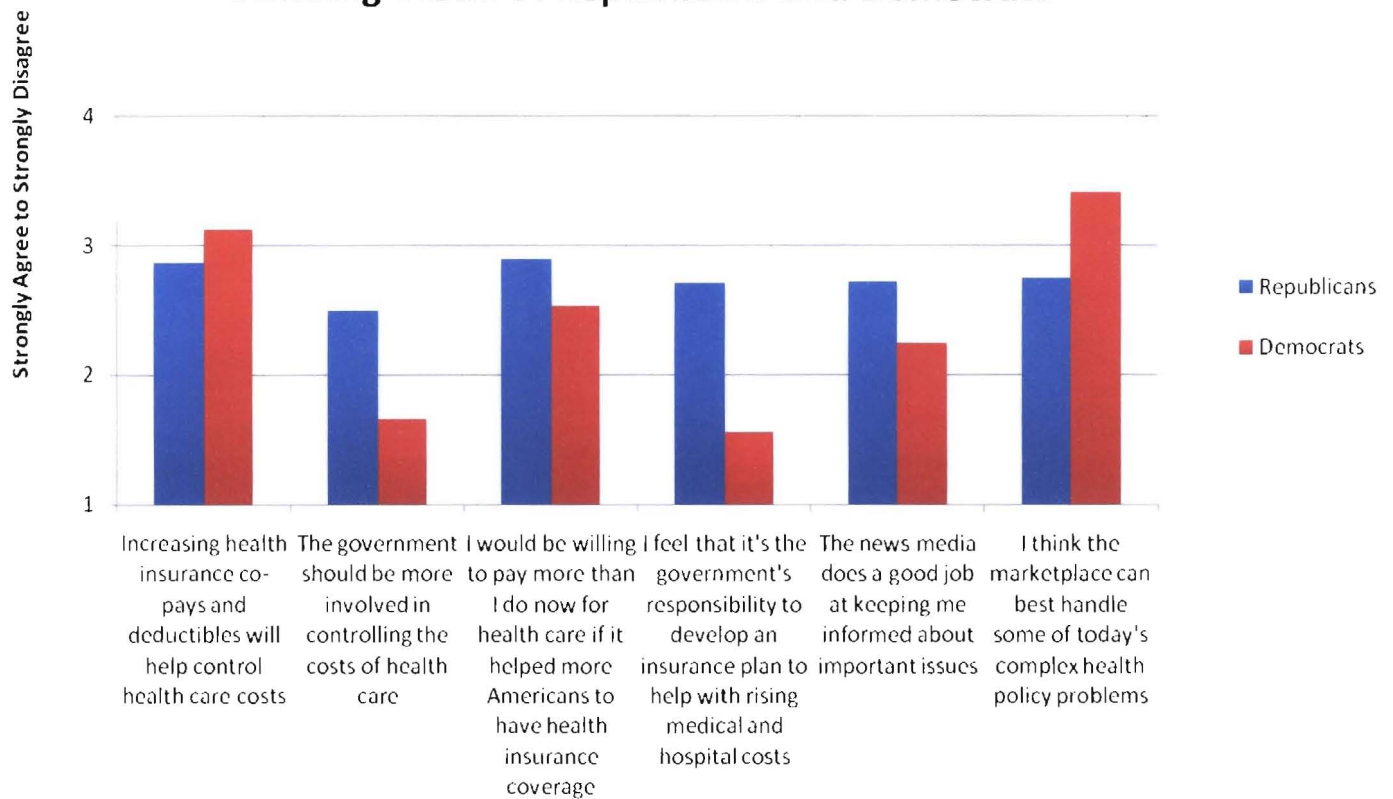


- The cost of insurance
- Number of people with no insurance
- Cost of perscription drugs
- The medical malpractice system
- The quality of health care provided to those without health insurance

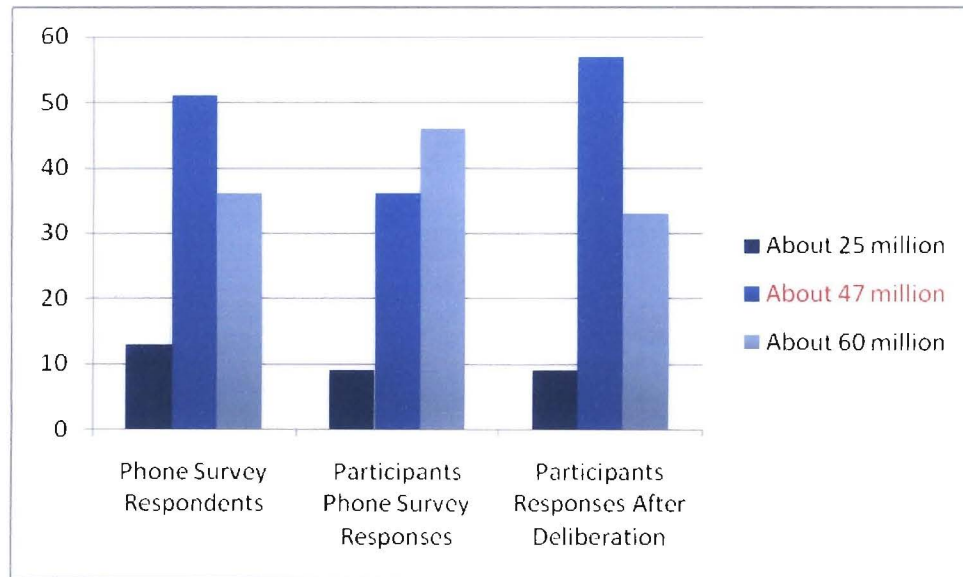
## Similar Views of Republicans and Democrats



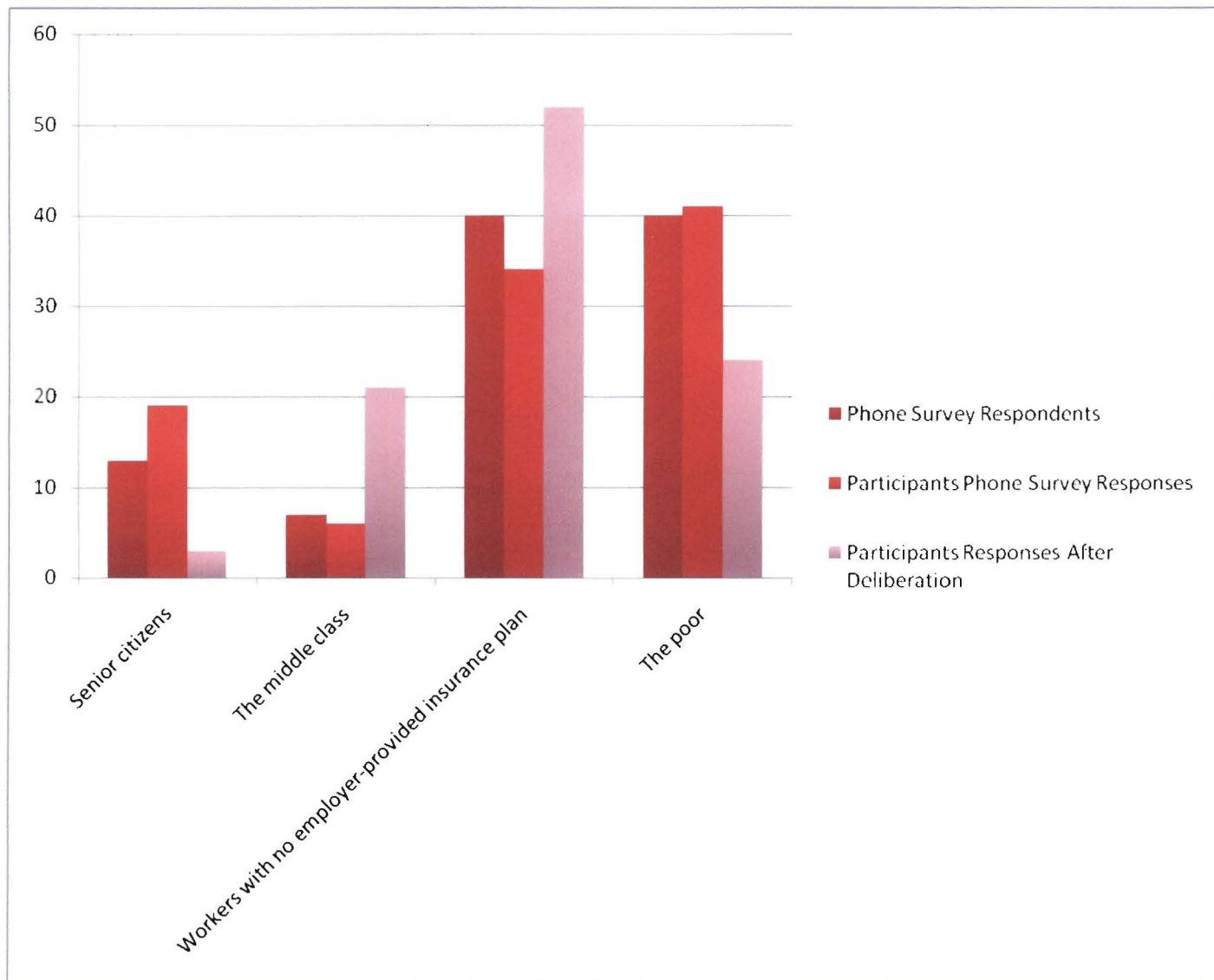
## Differing Views of Republicans and Democrats



## About how many people would you estimate have no health insurance coverage in the United States?







## Changes in Views After Deliberation

